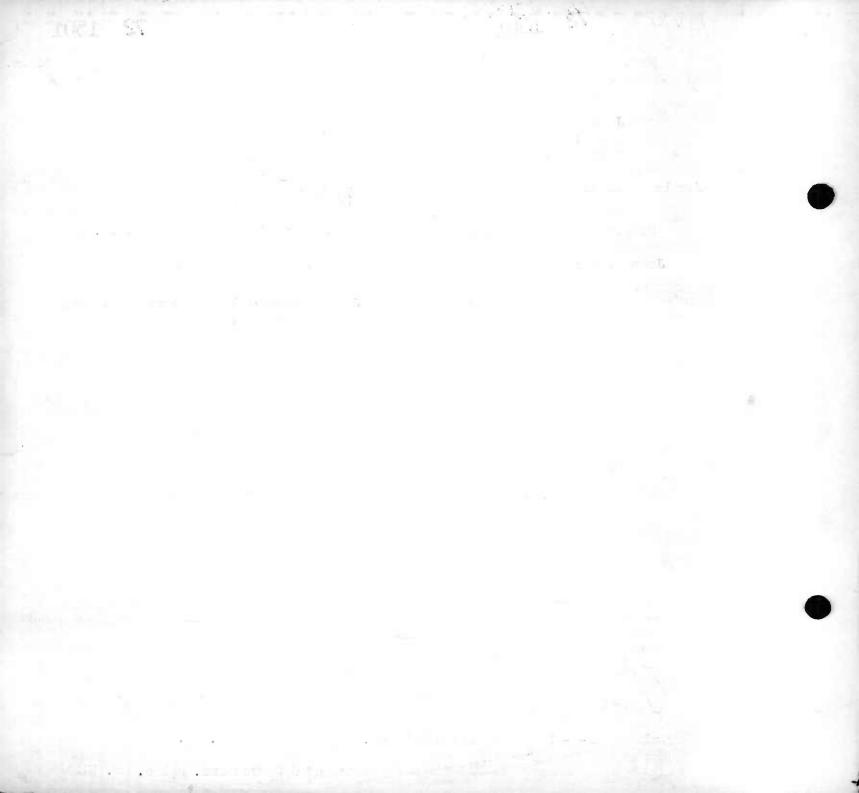
VS 150-REV. 1/1/68

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BIRTH NO.	72 0	1501		Y HEALTH DEPARTMENT ATE OF DEATH	REG. NO	72 (1501
(Type or Print) Mrs	S. Susan Nor	ton Kelly		2. DATE A	AND HOUR OF DEATH	ı	11:30a.ı
FULL NAME OF	(IF NOT IN HOSPIT			4. USUAL RESIDENCE (WHA. STATE B. COU Maryland	nere deceosed lived. If i	nstitution; reside	ence before odmission
HOSPITAL OR	Jenkins Men	norial		c. CITY OR TOWN Baltimore	D. INS	YES X	S?
71	1000 Caton Baltimore,		9	E. STREET AND NUMBER 8410 Saund	ers Road		NO L
Female	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3-26	last birthday) 92	If Under 1 Months Doy	Yr. If Under 24 His ys Hours Min.
done during most of wo	ATION (Give kind of work orking life, even if retired) 1SEW11E	108, KIND OF BU None	SINESS OR INDUSTR	Baltimore, 1		12. CITIZEN U.S.A	OF WHAT COUNTR
13. FATHER'S NAMI	P. Norton			14. MOTHER'S MAIDEN NA Elizabeth W	AME Maxax Whelar	1	
15. Wos Deceased E (Yes, no or unknown) (Unknown)	ver in U. S. Armed For Il yes, give wor ar dale	s of service)	SECURITY NO.	Jenkins Memo:	rial 1000 Ca		DRESS 21229
UNDERLYING OTHER SIGNIFIC	CONDITIONS, if obove cause (A) CONDITION last. II ANT CONDITIONS COI	stating the	(c)	A CONSEQUENCE OF:	lullation		CYRS.
	PERATION GIVEN IN PARTIES TO THE PERATION 198. CONI	1 (A).	CH OPERATION	20A. AUTOPSY? (Yes or N	lo) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS COLUSES OF DEA	NSIDERED TH?
U 21A. ACCIDENT	WAS UNDERLYING NG CAUSE OF	218, PLA home, 1	CE OF INJURY (e.g., orm, foctory, street, o	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltimor	ra City, giva exc	oct location)
21D. TIME (/ OF INJURY (APPROX.)	Month) (Doy) (Year)	(Hous) 21 E INJ While A Work	Not Whi	21F. HOW DID IN	JURY OCCUR?		
that (1) (we)-10		d alive an	FEB 4	19 72 ond the lody ofter death.	.1969_ta hot in(my) (our) opi	nian deoth ac	
23 C. PHYSECIAN	hn F. F	HARTHI	AN M.D.	23D. ADDRESS Right Med. Director 23D. ADDRESS Right Ma	Staff Phys. 1	Feb.	5,1972
24A. BURIAL CREMA REMOVAL (Spe Purial	ATION, 24B. DATE (1974) 2-8-72		of CEMETERY of CR		Balto. Md.	town, or cou	unty) (State)
25A. DATE REC'D BY		25B NAME OF R		25C. FUNERAL DIRECTO			ADDRESS 21214

Leona rdOJ Rick Inc.

Balto. Md.



325 IMPORTANT DIRECTOR: FUNERAL

BLA ST

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BALTIMORE CITY HEALTH DEPARTMENT 72 01502 REG. NO. 72 01502 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mrs Nellie M Hennessey Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No (II in Baltimore City, give exect location) and that in (my) (sor) apinion death accurred on the date 23 B. DATE SIGNED 714125 Hopkins Hospital (City, town, or county) (Stote) Maryland Leonard & Ruck Inc. Baltimore. VS 150-REV. 1/1/68

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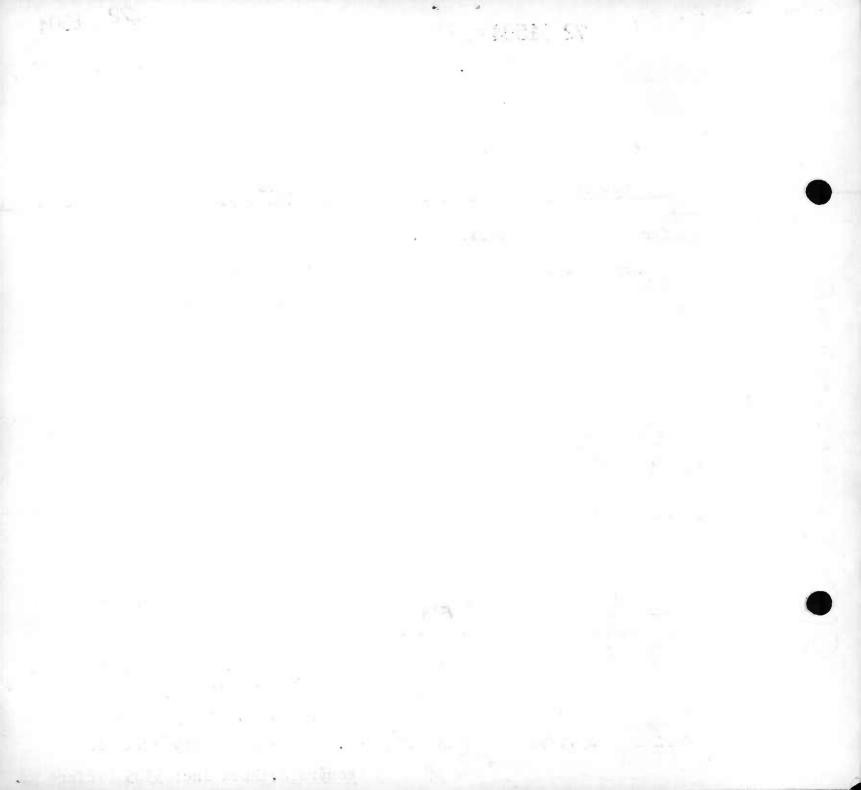
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such Deceased BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 00 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) attendance B. COUNTY cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET CITY OR TOWN D. INSIDE CITY LIMITS? YES NO 3 prior E. STREET AND NUMBER Undetermined regular 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED - NEVER MARRIED 9. AGE (in years lost birthdoy) deceased If Under 1 Ys. Months: Days If Under 24 Hrs. Hours WIDOWED DIVORCED disposition is 10A. USUAL OCCUPATION (Give kind of work) DR. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if rettred? Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Davis Emma Boughen 00 death 15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO. attendance GEN: HOSPITAL Ne 217-03-3829 pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed o LEADING TO DEATH mo (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: D regul ANTECEDENT CAUSES who (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 2 physician UNDERLYING CONDITION last the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? BKMN before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL å DEATH (notify medical examiner) 3 obtained (Month) (Day) (Year) (Hour) 9 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except ; and (6) OF INJURY Not While While At (APPROX) Work any 22. I certify that (1) (this hospital) attended the deceased from that (1) (west last saw the deceased alive an 99 and that in (my) (and apinion death occurred an the dote death) 0 and have and from the causes stated above. (1) (164) (did not) view the bady after death. hospit must 23A. SIGNATURE 23 B. DATE Attending 0 approval Phys. Director Phys. 8 23C. PHYSICIAN'S prior 23D. ADDRESS ŧ NAME (Typel DEGRE 24A. BURIAL CREMATION, 1248, DATE 24C. NAME OF CEMETERY OF CREMATORY deceased 0.0 24D. LOCATION REMOVAL (Specify) 2/12 Parkwood Baltimore, Maryland 25A. DATE REC'D BY HEALT 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J Ruck I c. Baltimore, VS 150-REV. 1/1/68

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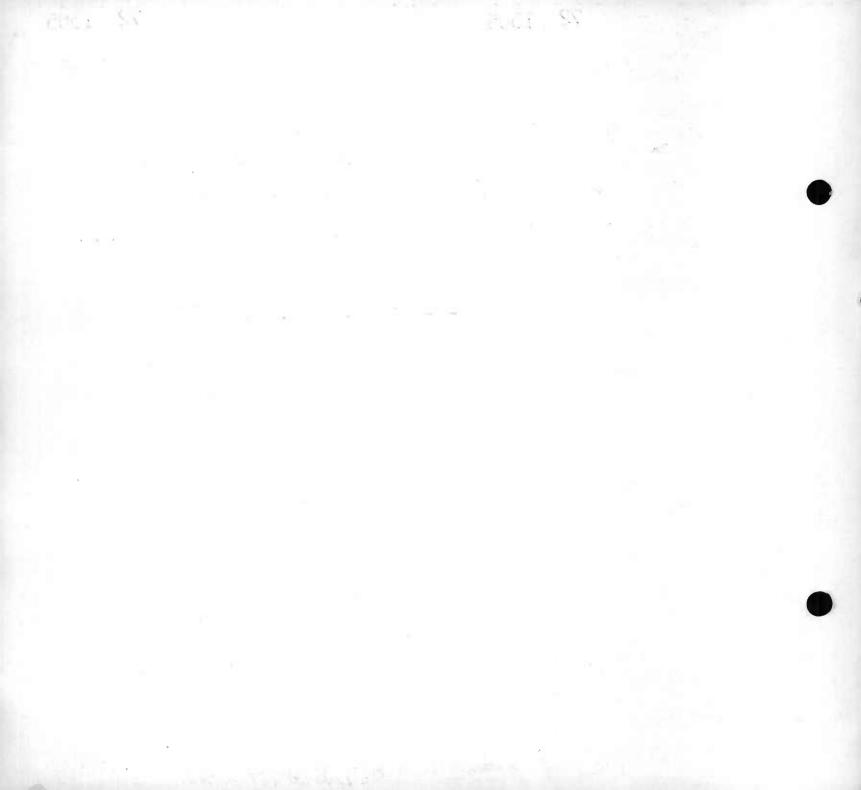
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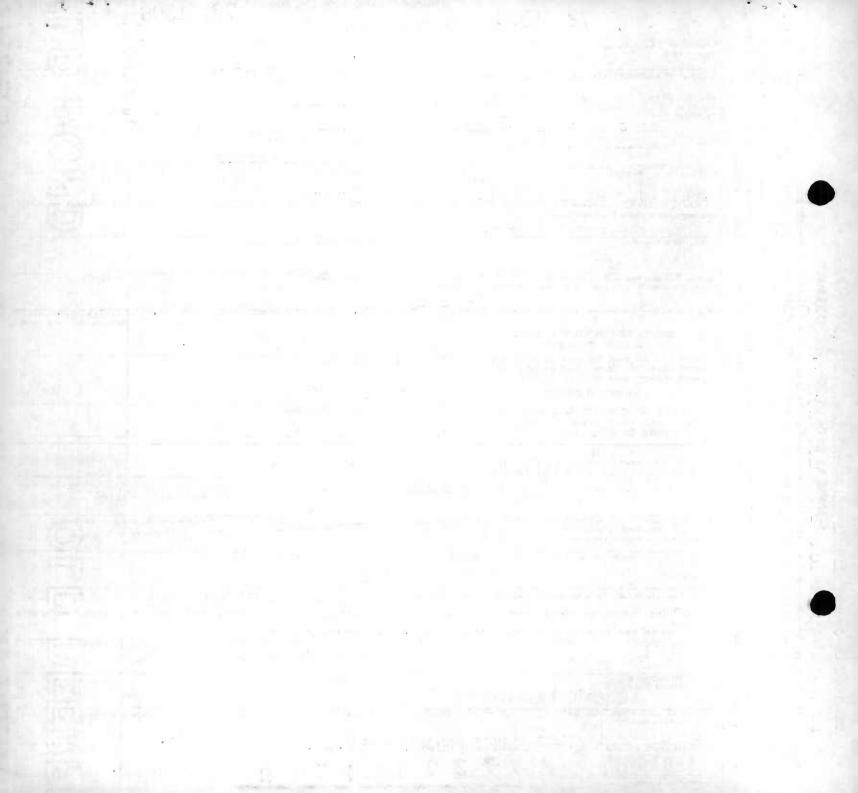


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the body was released to the hospin shows: (1) An accident of any nature was D.O.A. at a hospital (except wdeceased prior to death); and (6) lead that written approval must be obtained	2 2

5-425 BIRTH NO.	72 015	115	Y HEALTH DEPARTMENT	REG. NO	72 01505
(Type or Print)	4 + 6	Salconi	2. DATE AF	NO HOUR OF DEATH	1125 0
FULL NAME OF (I) HOSPITAL OR A INSTITUTION Universit	y of Man	PRONOUNCED DEAD INSTITUTION, GIVE STREET	L USUAL RESIDENCE (Whe B. COUNTY OR TOWN C. CITY OR TOWN Baltinore E. STREET AND NUMBER	D. IN:	SIDE CITY LIMITS? YES NO Ave
5. SEX 6. RA	la/	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Ye. II Under 24 H
SEAMSTRESS 13. FATHER'S NAME	N (Give kind of work 108, K) life, even if selired) RETIRED CLC	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at fore ITALY 14. MOTHER'S MAIDEN NAI		12. CITIZEN OF WHAT COUNT
MITCH	AEL MELI		JOSEPHIN	E ??	
(Yes, no or unknown) (If yes	, give wor or doles of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
DISEASES OR CO nise la the aba UNDERLYING CON OTHER SIGNIFICANT OF THE DEATH BUT TO THE DE	a, etc. Il means the di in which caused deeth. EDENT CAUSES NDITIONS, il ony, re cause (A) stating DITION last. Il CONDITIONS CONTRIBU IOT RELATED TO THE TERM ON GIVEN IN PART 1 (A).	giving DUE TO, OR AS (C)	A CONSEQUENCE OF:		-
19A. DATE OF OPERA DJULE 19 0 21A. ACCIDENT WA	TION 198 CONDITION WAS PERFORMED	ical Mustectomy	20A. AUTOPSY? (Yes or Na	20% IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING	I CAUSE OF	21 B. PLACE OF INJURY (e.g., li home, form, loctory, street, af etc.)	fice bldg., INJURY OCCUR?	(II In Baltimar	re Cily, give exoct lacotion)
OF INJURY (APPROX.)) (Doy) (Year) (Hour	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?	
that (1) (we) last so	ow the deceased allve	ve. (1) (We) (did) (did not) v	19 72 ond the	9 /2 ta ot in(my) (our) api	nian death occurred on the date
23C. PHYSICIAN'S	Ziegles	GEGREE Phys	Med. Director	Stoff Phys.	238. DATE SIGNED 11 /26 72
NAME (Type)	T. H. Ziegi	en M.D.	University	of Mary	land Hospital
PAA. BURIAL CREMATION REMOVAL (Specily) BURIAI 25A. DATE REC'D BY HEA	2/14/72	GLEN HAVEN MEMORI	AL PARK GLEN	BURNIE Md.	ly, town, or county) (Stote)
FEB14 19		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	t Sous	322 S. HIGH ST



-		ACA.	4 -00	BALTIMORE CITY	HEALTH DEPARTMENT	772 011	500
BIRTH	-552	72 0	1506	CERTIFICA	TE OF DEATH	TEG. NO.	300
	ME OF DECE	JOHN	SEMI	NAZZI	SR.	12 72	
3. PL	ACE IN BALTI	MORE MARYLAND, W	VHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE TWI	nere deceased lived, If	institution: residence before admission)
HOS	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	ITION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
2	THI	E JOHNS HOPK		PITAL	BALTIMORE		YES 🛛 NO 🗌
100	BAI	LTIMORE, MD	21205		212 LLOYD	ਧਾਕਕਧਾਣ	
5. SE	X le	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye. If Under 24 Hrs. Months! Days Hours Min.
M	ALE	WHITE	WIDOWED[DIVORCED	06-07-87	last birthdoy) 84	Months Doys Hours Min.
		PATION (Give kind of world) orking life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of lo	reign country)	12. CITIZEN OF WHAT COUNTRY?
500	100	ER RETTRED	CONSTI	RUCTION	TTALY		TTALY
	ATHER'S NAM		1 0000000	WOLIVI	14. MOTHER'S MAIDEN N.	AME	
J	OHN SEM	INAZZI			??		
15, W (Yes,	no or unknown!	Ever in U. S. Armed Fa (If yes, give war or date	s of service)	1 & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO				217-09-5842		MINAZZI 520	C PAPPOTA CM
,		OR CONDITION DI	RECTLY	(A)IMMEDIATE CAU	Some A		BETWEEN ONSET AND DEATH
	heart failure, a	t mean the mode of ethenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	************	
- 1		llcation which caused		ca.	inz etternic	CONSENTINE	Fallure 10 VRS.
		NTECEDENT CAUSES		(B) 3000	A CONSEQUENCE OF:	Chocomive	Janouez 10 yrcs
	ise to the	CONDITIONS, If above cause (A)		(c) CENC	pro Varcular de	sase SIP C	VA 10 Years
		11				1	
ATTON	O THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO T ENDITION GIVEN IN PAI	HE TERMINAL	7109	ressive azo	TEMLA	
		OPERATION 198 CON WAS PER	IDITION FOR Y	VHICH OPERATION	NO	No. 208 IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
. 14	TA. A CCIDEN OR CONTRIBUT DEATH (notify	T WAS UNDERLYING [TING CAUSE OF medical examined	21 B. hom etc.J	PLACE OF INJURY (e.g., i e, farm, factory, street, of	n or about 21C, WHERE DID flice bidg., INJURY OCCUR?	(li in Boltim	are City, give exact location)
2	TID. TIME	(Month) (Day) (Year)	Whi	INJURY OCCURRED Not While	21F. HOW DID IT	AJURY OCCUR	
			Wei			10 CAD	2/12.22
		that % (this hospita last saw the deceas		did not stea	TrC19 and	_19	pinian death occurred on the date
			ited abave. (l	(We)_(did) (did not)	Hew the body after death	le .	
2	3A. SIGNATUI	le of	n.	40 Db	ending Med. Director	Staff Phys.	23B, DATE SIGNED
	NAME (Ty	rs Flores L	tromo	DEGREE	23D. ADDRESS John 7	tacking H	SPITAL BATHWE
24A.	BURIAL CREA	MATION, 248, DATE	24C.N/	ME of CEMETERY of CR		LOCATION	City, town, or county) (State)
В	URIAL	2/16/7	2 нот	LY REDEEMER I		OO BELAIR R	
25A.	FEB14	1972 Paker	25B. NAME	PREGISTICAL TOTAL	250. TUNERAL DIRECTO		ADDRESS W5 322 S. HIGH S
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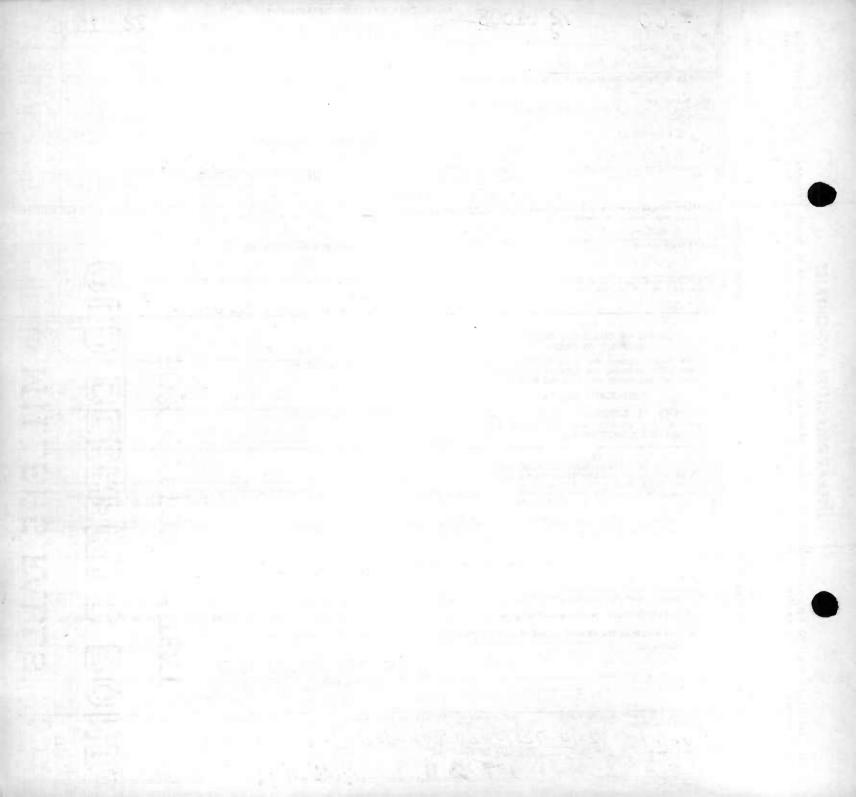
		1 /	H-165 72 01507 BALTIMORE CITY HEALTH DEPARTMENT	72	01507
	sed the the uch	BIR	CERTIFICATE OF DEATH	REG. NO.	
	S		INAME OF DECEASED Type or Print) & BREMS (C) HENRY 2. DATE AND HI	OUR OF DEATH	1 0 20 0
	spita of i) Dec nce a eath.	3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where dec. A. STATE B. COUNTY		residence belare admission)
	hospita ise of (5) Dec ance o death.	FU	FULL NAME OF UE NOT IN HOCHTAL OR MICHELINON COME	Lei St 14	7-1 Md.21231
	a teau	IN	INSTITUTION ADDRESS OR LOCATION)	D. INSIDE CITY	LIMITS?
	in i	1	5 CHURCH HOMB & HOSPITAL E. STREET AND NUMBER	YES	
	ar ar de.	L	122 N.Ches C	· St Frit	60 604
0	riting and	J. 3	SEX 6. RACE WhitE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 1/28/05	E (In years If Und Manths	ler 1 Yr. If Under 24 Hrs. Pays Hours Min.
	cont cont sterm reg ceas	don	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging occupants)		TIZEN OF WHAT COUNTRY?
	if deat rect or (4) Unde was in the de spositio	M	No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	AMERICA.
	wa wa he pos	13.	3. FATHER'S NAME Constant and the Abrens 12 14. MOTHER'S MAIDEN NAME Constant and the Abrens 12 14. MOTHER'S MAIDEN NAME		
Z	世紀 日本 日午 日	16.3	Constantue Ahrense Victoria	Denlevack	
	the d the d kindy deat ince of	(Yes	3. FATHER'S NAME CON Face bue Abrem / 14. MOTHER'S MAIDEN NAME V' Crasia 5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 216. 01-676. Dr. Mello CAUSE OF DEATH	(1)	ADDRESS
ORTA		-	18. 5 7/9 1 CAUSE OF DEATH!	Church /	Hear.
0	his a fan, fan, nced enda d or		DISEASE OF CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
¥	Als Als atte		LEADING TO DEATH (A) IMMEDIATE CAUSE Cordine	Arrest.	2 hour.
ä	er. ctu		heort failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.)	0 5	
TOR	fra fra		ANTECEDENT CAUSES (B) Conquisive Hear	, failure	, 1 year.
ECT	×ar ×ar ×ar ×h ×		DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the		9 /
JIR.	- 0 C C E W		UNDERLYING CONDITION last. (C) Circlotti of li	ve	1-4-59,
7	medical ledical burns; hysicia In was remain	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		9.
ERA	y bed y be a series	F	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	e -	<u> </u>
Z	Bod Bod the th	RTIFE	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B WAS PERFORMED Through Particular,	IF YES, WERE FINDINGS CERTIFYING CAUSES OF	S CONSIDERED DEATH?
교	by (2) ph for	CE	21& PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, fociory, street, office bldg., INJURY OCCUR?	(If In Baltimare City, giv	ve exact lacation)
	No No		DECATE (notify medical examiner)		
•	pt afu		21D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCURRED While AI Not While	CCUR?	
	xce ind btai		Work L Al Wark L	7: 1	*7 ,
	app to the till of and (e.g., c., c.); c., c., be o		that (I) (we) last saw the deceased alive an 2/10/19 72 and that In	(240 2 / 10	19_/
	04755		and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.	iny, (any aprinon dea	un accorrea du lue acre
	SOPOPE		23A. SIGNATURE M D D		TE SIGNED
	a h a h		Attending Med. Staff Phys. 23G-PHYSICIAN'S OEGREE Phys. Attending Med. Director Phys.	2	110172
	y was y was 1) An c 1.A. at d prior		23C. PHYSICIAN'S NAME (Type) A. MEHT A. Level Ho	mes flors	er .
	certificat sody was s: (1) An D.O.A. at assed pric	24A	AA. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREMATORY 24D. LOCATI	ON (City, town,	2123/ or caunty) (Stole)
	This certification of the body shows: (1) was D.O. deceased written a	6	BELAIAL 2-11-12 HOLV BOSARY PEM DUE	MOIN PA	often my
	This ce the bo shows: was D. deceas	25A	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Comment of the second	ADDRESS -/0/
	-+4505		FEBIA 1972 Pala R. E. Reille Med D. D. D. Jan 1975 With	EP & Creso las	, cohorted



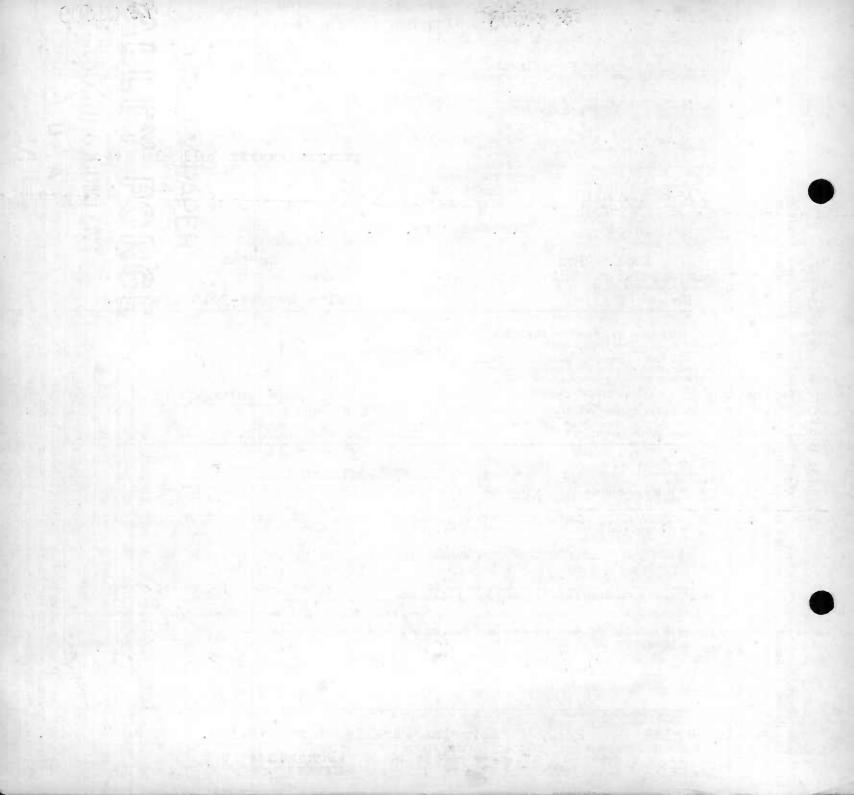
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(-a		01508	BALTIMORE CITY	HEALTH DEPARTMENT		MO (1 = : =
BIRTH NO.) IE	OTDOC	CERTIFICA	TE OF DEATH	REG. NO	72 (1508
I NAME OF	DECEASED	. `				
(Type or Print		DAM	CUDDY	2. DATE AND	HOUR OF DEATH	
		BERT	/			45AM 5-45A.M.
3. PLACE IN	BALTIMORE, MARYLAND, V	WHERE PRONO	UN CED DEAD	A. STATE & COUNTY	deceased lived, If i	nstitution: residence before admission)
FULL NAME HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	C.CITY OR TOWN		SIDE CITY LIMITS?
13801	ITH BAL	7101	ORE	Baltimor	2	YES NO
				E. STREET AND NUMBER		
5	ENERAL	HD.	SPITAL	1435 Bab	tery Aw	2
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M	W	WIDOWED		9-19-05	st birthdoyl	Months Days Hours Min.
	CCUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	of working life, even if refired) - tires.	Long	Shore man	Balto.		
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME	F	
W	illiam (Dec)		Johann		ley (Dec)
15. Was Deces	sed Ever in U. S. Armed Fe-	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	own) (If yes, give war or date	es of service)	215-03-2288	Family		# 4
18, / 🔾	011		CAUSE OF DEAT	1 4 101 1 4	Jame as	APPROXIMATE INTERVAL
1 / 7	7.1		CAUSE OF DEATH			BETWEEN ONSET AND DEATH
DISI	EASE OR CONDITION DI LEADING TO DEATH	RECTLY		se Hepahe	Coma	
171.			(A) IMMEDIATE CAU	se Flepone	- O / V CA	
heart failu	s nat mean the mode of re, asthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or o	camplication which caused	death.)				2 1 0
	ANTECEDENT CAUSES		Ci~	rhosis of th	4 Line	- 3-4 days
DISEASES			(B)	A CONSEQUENCE OF:		
rise to	OR CONDITIONS, if the above cause (A)	any, giving				affer onset
UNDERLY	ING CONDITION last	siding the	10 1058	ible Malign	ency.	of 6 mer
			(0/200200000000000000000000000000000000			
OTHER SIG	II NIFICANT CONDITIONS CO	NTRIBUTING				
E TO THE DE	FATH BUT NOT PELATED TO T	ME TERMINIAT				
TO THE DE	EATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAR	RT 1 (A).	**************		***********	**************************************
O THE DE	EATH BUT NOT RELATED TO T	RT 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
TO THE DISEASE OF 19A. DATE	EATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAR OF OPERATION 198 CON WAS PER	RT 1 (A). IDITION FOR V	X		IN CERTIFYING CA	USES OF DEATH?
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A SALTIMOI	RECATE OF DEATH REG. NO. 72 01509
7-500 72 01509 CERTIF	FICATE OF DEATH REG. NO. 12 U.LOUS
BIRTH NO.	
Type or Print James Finn	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 7.68 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
PARK Hill Nursing Home	1 12 5 7 10/ 11-5
70	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Male While Widowed DIVORC	ED X 5-13-1903 66h
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired)	
Machinist C.M.Kemp Mfg.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thos. Finn	Norton
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
No	Thelma Quasky-3019 Elm Ave.
18. 70 7. 0 1 CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 # F 1/2d
(This does not mean the mode at dying, e.g., DIFTO	ATE CAUSE OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	or otil 1 .
ANTECEDENT CAUSES	Suntai (wanger) Runal mis
DISEASES OR CONDITIONS, if any, giving DUE TO	, OR AS A CONSEQUENCE OF:
rise Ia lhe above cause (A) stating the UNDERLYING CONDITION last, (C)	
II A	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Amsonism / Frankiti
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO WAS PERFORMED	N 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUI	RY (e.g., in at about 21 C. WHERE DID street, office bldg., INJURY OCCUR?
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCUR	RED 21 F. HOW DID INJURY OCCUR?
	Not While
22. I certify that (1) (this haspital) attended the deceased fra	m 2 d (1 19)/ to 9th + 16 1972.
that (I) (we) last saw the deceased alive an	174 + 19 7 2 and that in(my) (aur) opinian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did	
Aula mo	
23C. PHYSICIAN'S NAME (Type) J. HV//a . M. D.	DEGREE 2714 Etay Ill It Batt Med 2/23/
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specily)	
Burial 2/12/72 Lorraine F	Park Cemetery Balto. Md.
FEB 1 4 1972 PAGE 15 STATE OF REGISTRAR	On Stand ove
VS 150-REV. 1/1/68	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in

VS 150-REV. 1/1/68

. NAME OF D Type or Print)		JWEN, R	OLAND JOSEF		UARY 7	, 1972		2:30 P
FULL NAME OF THE PROPERTY OF T	of Affiness or Local	AL OR INSTIT	UTION. GIVE STREET	I A HISHAL DESIDENCE IWE	Baltimo	D. INSIDE C	CITY LIMITS?	before odmissio
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AR TEN	of working life, even if refired) DER	Race Tr	BUSINESS OR INDUSTRY	MARYLAND	59 reign country)	12,	CITIZEN OF	WHAT COUNTE
3. FATHER'S N	ame neodore Jose	eph Va	n Leeuwen	Ada Virg	inia	(Evans	3)	
es, no or unkno	ed Ever in U. S. Armed For wn) (If yes, give war or date None	ces? s of service)	16. SOCIAL SECURITY NO. 218-09-2231	17. INFORMANT		D. M. O .	4D 2972	
18. 5 7	101		CAUSE OF DEAT		CORDS	- WILKE		CATON
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(This does heart failur injury of continuity	LEADING TO DEATH not mean the that All a, asthenia, etc. It means complication which caused ANTECEDENT CANSS OR CONDITIONS, if he obove cause (A) NG CONDITION last. II	the disease, deaths. T. MEDIFAL Early, fiving stating the	XAMINED OSS	ACONSEQUENCE OF:	ie Tre	n lin	dit; /,	
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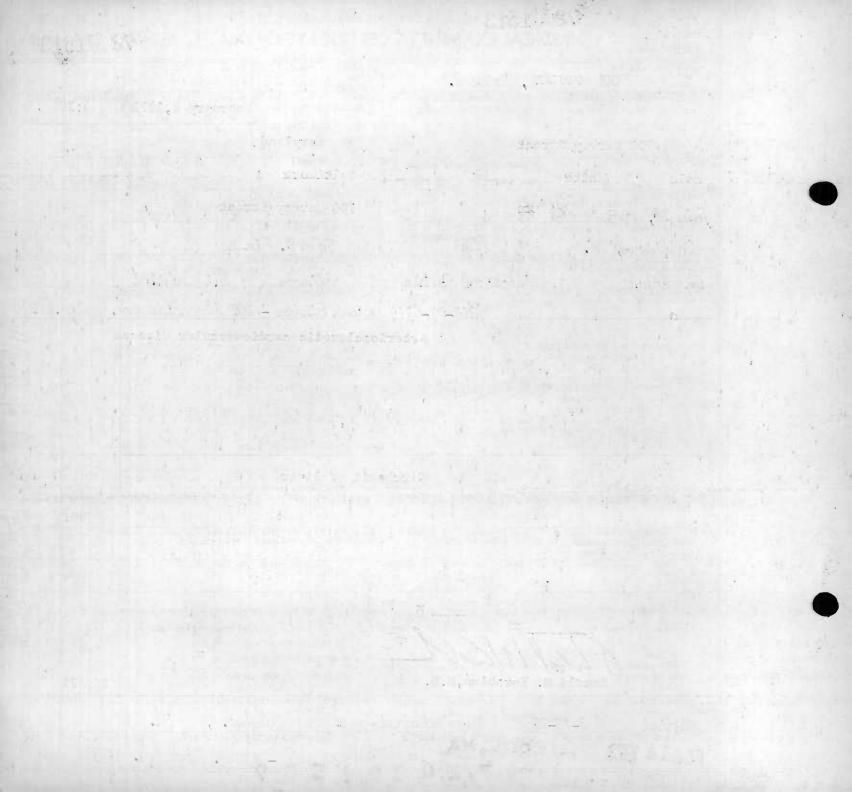
G-150 72 015:		HEALTH DEPARTMENT	72 01511
BIRTH NO. GIVEN	CERTIFICA	TE OF DEATH REG. NO	•
(Type or Print)	hel E.	2 DATE AND HOUR OF DEA	,
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM	OUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	
FULL NAME OF (IF NOT IN HOSPITAL OR INS' ADDRESS OR LOCATION)	TITUTION, GIVE STREET	May/of C. CITY OR TOWN	INSIDE CITY LIMITS?
42 Sinoi Hospits	L& Paltemore	E. STREET AND NUMBER	YES NO
5. SEX 6. RACE 7. ALADRIE		8. DATE OF BIRTH 12. AGE IIn vers	
MIDOWE		10-15-06 last birthday 6 5	
done during most of working life, even il refired) Housewife	OF BUSINESS OR INDUSTRY	Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Howard Litsinger		Estelle (Hough	1)
15. Was Deceosed Ever in U. S. Armed Farces? (Yes, no ar unknown) (II yes, give war ar dates af service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No None	005-05-0716	Mr. Ralph H. Given 49	ll Haddon Ave. 21207
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Ond aire Place	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	
heart (vilure, asthenia, etc. It means the diseast injury or complication which coused death.)	е,		
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O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		nie ?	
198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes) or No. 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DEATH (natify medical examines)	B. PLACE OF INJURY (e.g., ir ome, form, factory, street, al ic.)	or obout 21 C. WHERE DID (If In Balt) fice bldg., INJURY OCCUR?	imare City, give exact focotion)
S (APPROX)	/hile At Not While	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended	the deceased fram	2-5 1972 ta	2.7 1972
that (1) (we) lost sow the deceased alive an	2 - 7.	19.72 and that In (my) (our)	opinion deoth occurred on the date
and hour and fram the causes stated above.	(#) (We) (did) (did-not) vi	iew the bady after death.	
23A. SIGNATURE			23 & DATE SIGNED
Korolp & Pur	DEGREE Phys.	Med. Staff Phys.	2.77
23C. PHYSICIAN'S NAME ITYPE RODOLFS S. U.	chris DEGREE	Sinoi Haspital	of Beltomore
REMOVAL (Specify) 2/10/1072 T	NAME of CEMETERY of CRE ake View Memori		(City, tawn, or caunty) (State)
		drad Til	Carroll Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR		erty Road DDRESS 21133
VS 150-REV, 1/1/68	es rus.	Loring Byers Funeral D	rectors, P. A.

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BIRTH NO.		MED	ICAL	. EX	AMIN	1ER'S	LERIIF	ICATI	E OF	DEAT	H REG. NO.	15 0	1512
1. NAME OF DE	CEASED						2. DATE	Know	n 🗆	Month	Day	Yeor	Hour
(Type ar Print)	WILLIAN	1 T. T	IXON				OF		oted 🗆		20,		
4. PLACE IN BA					JNCED D	EAD	3. DATE		0,00	Manth	Doy	Year	Hour ·
FULL NAME OF HOSPITAL	(IF NO	T IN HOSPITA	LORINS					DUNCED	DEAD		ry 9,19		1:45 A.
OR INSTITUTION	ADDRE	33 OK LOCA	11014)									: residence l	befare admission)
ST.	AGNES I	HOSPITA	L (DOA)			A. STATE	Mary la	and		B. COUNTY	2	DDS
6. SEX	7. RACE		B. MARE	RIED M	NEVER A	AAPRIED T	C. CITY C	RTOWN			D. INSIDE CI	TY LIMITS?	
Male	White	2	WIDOV			ORCED	Ba1	timor	e		Y	s 🖾	No 🗆
9. DATE OF BIRT	H	10. AGE (In	yeors	If Und	er 1 Yr. If L	Inder 24 Hrs.	E. STREET	AND NU	MBER				
5/23/	1911	last birthday	^{')} 61	Months	I Days I	lours Min.	4112	Frede	rick	Avenue			
11. BIRTHPLACE	1 / 1 4	n country)			TIZEN OF		13. FATHI	R'S NAME	E				
Maryl	and			Mi	HAT COU	NTRY? ∆	W	illia	am	Dixor	1		
14A.USUAL OCCL	PATION (Give		4B. KIND	OF BL	JSINESS C	OR INDUSTR					ada.		
dane during most of	warking lite, ev ender	en itretired)					Δ.	nnie	C.				
16. WAS DECEAS	ED EVER IN				7. SOCIA	L	IB. INFO		0.		A	DDRESS	
(Yes, na ar unknown Yes	World	war ar dates	of service	311		1 TY NO.	Mag	Holor	7.7	Dixor	4112	Drod	erick Ave
119. 1 1 1 2	110110	WCCI		<u> </u>		JSE OF DEA		16161.	1 V o	DIAVU	1 4116	AF	PPROXIMATE INTERVAL
DISEASES RISE TO TH UNDERLYI OTHER SIGN TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION	CAUSES ONS, IF ANY USE (A) STAT ON LAST. II NOTITIONS CO RELATED TO GIVEN IN PA	, GIVING ING THE ONTRIBU THE TERM	TING MINAL	(B) (C) /HICH OP				OF:			21. AUTO	PSY? (Yes ar No) YES
	NAL CAUSE	WAS		228 PI	ACE OF	NIIIRV(e a	in or obout	22C WHE	FRE DID	(If in Baltimar	e City, give exc	et location)	yes
UNDERLYING	G OR CON	TRIB-		home,	farm, factai	y, street, offi	e bldg., etc.	INJURY C	OCCUR?	La mi Dominion	- Diff gire can		
UTING ☐ CA	(Month) (D) (Hau	(r) 22F	. 1NJURY	OCCURRED		22F. HOV	N DID IN	IJURY OCCI	JR?		
OF INJURY (APPROX.)	(moning) (D	(, (1.00	WH	IILE AT	NO.	WHILE						
23.				m. WC	DRK L	ATV	VORK [_]	1					
l cer	tify that I h	eld on li	nquiry [Inspection	n Au	topsy 🏵	and t	hat on t	his basis,	deoth in my	opinion	
	ted from: N				cident [. –		Homicide		Undetermin	ned monner		
ACTUAI SIGNAT EXAMIN NAME (TURE R	onald l	2	1/6	ul	/_M.I	AS	CHIEF M	MEDICAL	EXAMINER EXAMINER EXAMINER	□▼□		DATE SIGNED
24A. BURIAL CRE REMOVAL (Spec Buria	MATION, 2	48. DATE 2/11/	1972			cemetery burg				LOCATION Gettys	(City, town	Pa.) (State)
25A. DATE REC'E	BY HEALTH	P. R.	25B. 1	NAME C	F REGIST		250	FUNERA	L DIRECT	OR	A	DDRESS	erick Ave
VS 151-REV, 1/1/6	В			7	610	0 1	0	5	0	ine			

er in the state of the state of A THE STATE OF THE

/ =///	3 BALTIMORE CITY HE				
	EXAMINER'S C	CERTIFICATE OF	DEATH	REG. NO. 72	01513
I. NAME OF DECEASED (Type or Print) NAME FINLEY Output The print of	nes J.	2. DATE Known DF DEATH Estimoted	Month	Day Yeor	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOUNCED DEAD	Februar	y 8, 1972 Yeer	4:30 P.
or institution 700 Harvey Street		5. USUAL RESIDENCE (Where A. STATE Maryland		. If institution: residence COUNTY	e before odmission)
	DIVORCED	c. CITY OR TOWN Baltimore	D	. INSIDE CITY LIMITS	
9. DATE OF BIRTH 10. AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths; Doys; Hours; Min.	E. STREET AND NUMBER 700 Harvey S	treet	YES (A)	NO L
19. BIRTHPLACE (Stote or foreign country) 12	CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME John J. Fi	inlau		
Baltimore, Ad. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND Cone during most of working life, even if retired)	0 6 11	15. MOTHER'S MAIDEN NA	ME / VVV	C 1 · · · · ·	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	IB. INFORMANT	1 DOD O:	ADDRESS	0 11 21220
119.17 1 2 11	215-03-6319 CAUSE OF DEA	Frank Finley -1 TH Cosclerotic card			APPROXIMATE INTERVAL
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FO	(B)(DUE TO, OR (C)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: DSis of liver			
20A. DATE OF OPERATION 20B. CONDITION FO	OR WHICH OPERATION WA	AS PERFORMED		21. AU1	OPSY? (Yes or No)
¥ 22A. EXTERNAL CAUSE WAS 22 UNDERLYING ☐ OR CONTRIB. ho UTING ☐ CAUSE OF DEATH.	B.PLACE OF INJURY(e.g., me, form, foctory, street, office	in or obout 22C. WHERE DID bldg., etc.)	(if in Boltimore C	City, give exact location)
22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	WHILE AT NOT NOT WORK AT W	WHILE ORK	JURY OCCUR?		
I certify that I held on Inquiry resulted from: Notural couses X ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Korn	Inspection Aur	ropsy ond that on the Homicide CHIEF MEDICAL	Undetermined EXAMINER X EXAMINER		DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 2-12-72	New Cathedral		alto.,	(City, town, or count	ty) (Stote)
	ME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS ort Ave. 2	1230
VS 151-REV. 1/1/68	7200	0 5 0 9) C.		/



in a hospital and	ig cause of death	attendance on the	200	
nt if death occurred	direct or contributively (4) Undetermined	h was in regular	disposition is made.	
aminer or his assista	miner. Also, if the	ho pronounced dea	be obtained before the remains are embalmed or final disposition is made.	
the chief medical ex	al by a medical exa (2) Body burns; (3) A	ere the physician w	efore the remains ar	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	val must be obtained b	
This cortificat	the body was released shows: (1) An accident o	was D.O.A. at	written approval must	

0-100	LATE OF	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	72 0151	4 CERTIFICA	TE OF DEATH	REG. NO	72 01514
1. NAME OF DECEASED Type or Print BAER, LI	FONA		2. DAYE	AND HOUR OF DEAT	1 9:37 D
3. PLACE IN BALTIMORE MARY		NOUNCED DEAD		Vhere deceased lived. II	institution: residence Valore admission
			A. STATE B. CO	UNTY	1 Julian or
FULL NAME OF (IF NOT IN ADDRESS	N HOSPITAL OR IN OR LOCATION)	STITUTION, GIVE STREET	MARYLAND		7003
NOTITUTION			C. CITY OR TOWN	D. IN	ASIDE CITY LIMITS?
	NS HOPKINS	HOSPITALS	BALTIMORE E. STREET AND NUMBER		YES X NO .
601 N. I	BROADWAY		120.00		
SEX 6. RACE	7. 44 4 700	ED ALCHED HADDED		DRUIDON COU	
		IED NEVER MARRIED	8. DATE OF EIRTH 05	9. AGE (In years lost birthday)	Months Days Hours Min.
FEMALE WHITE	WIDOW	TED DIVORCED	10444406	85	
ne during most of working life, even	if refired)	OF BOSINESS OF INDOSEK		ioteign country!	12. CITIZEN OF WHAT COUNTR
Housewife			Maryland		U.S.A.
FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
100111110	shenfeldt				/ /
Was Deceased Ever in U. S. A		11 6. SOCIAL	WASPONSE	CAN GERTRUI	
es, no or unknown) (If yes, give w	or or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
ho		unknown	William Bae	r 1008 Druid	on Count
18. 7 /1 // 4		CAUSE OF DEA		c root Draway	APPROXIMATE INTERVAL
DISEASES OR CONDITION fise to the above cau UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	se (A) stating last. ONS CONTRIBUTING THE TERMING IN PART 1 (A).	the (c) Gun	S A CONSEQUENCE OF:	tis flesh	emia 642yrs
19A-DATE OF OPERATION 1	98 CONDITION FO	OR WHICH OFERATION	20 A. AUTOPST? (Yes or	Not 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTINO CAUSE DEATH (notily medical examin	RLYING [21& PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bidg. INJURY OCCUR!	(II In Baltim	ore City, give exact location;
21D. TIME (Month) (Day	(Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY		While At Not Whi	le		
		Work At Work			
22. I certify that (1) (this		- 10	//30	_1922-10	2/9 19? 2
that (1) (we) last saw the	deceased alive o	n 47	19 72 and	that In (my) (our) of	pinion death occurred on the dat
and hour and from the cau	ses stated above	(I) (We) (did) (did not)			
23A. SIGNATURE					238 DATE SIGNED
() 1	5 1/10-00		ending Med.	, Staff	2/9/72
23C PHYSICALIN	c. June	DEGREE Phy		Phys.	14116
23C. PHYSICIAM'S NAME (Typel			23D. ADDRESS		
JEROME E.	KURENT N	A.D. DEGREE	THE JOHNS	HOPKINS HOSE	P.TTAT.S
A. BURIAL CREMATION, 248.	DATE 240	NAME OF CEMETERY OF CH			City, town, or county! (State)
0 . 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,		-8		
Durial 2/1		Lorraine Park (Baltimore, Mc	
FEB14 1972	Poley E.	AE OF REGISTRAR	25C. FUNERAL DIRECT	uneral Homes	130 E. Fort Ave.
S 150-REV. 1/1/6B					

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RESPONSE (1878-340-44)

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BIRTH NO.			ATE OF DEATH REG. NO.	ATH				
	OWERY, WALTER		2/9/72	. 1 1:38 pm .				
3. PLACE IN BALT	IMORE, MARYLAND, WHE	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived,					
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Maryland, Anne Arunde	1 5200				
INSTITUTION	St. Agnes		C. CITY OR TOWN D.	INSIDE CITY LIMITS?				
40	900 Caton		Glen Burnie YES NO 🖺					
, 0	Baltimore		7978 Philippe Ridge E.	(Ripling Estates)				
5. SEX		MARRIED NEVER MARRIED						
Male	Caucasion	WIDOWED DIVORCED	11/12/01 last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Haurs Min.				
OA, USUAL OCCU	PATION (Give kind of work 10 rarking life, even if retired)	B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTR				
	stimater Ret	. USCG Yard	Baltimore, Maryland	USA				
3. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	JUA				
Henry	C. Lowery		Margaret Tyler					
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed Forces (If yes, give war at dates a	? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
No	None	217/38/480	Os Mrs. Mary D. McCann	264 Magothy Beach				
18.410.	9 1	CAUSE OF DEA		Pasadena, Md.				
heart foilure, a injury ar camp A DISEASES OF ise to the	not mean the mode of dynasthenia, etc. It means the plication which caused de NTECEDENT CAUSES R CONDITIONS, il any above cause (A) ste CONDITION last.	e diseose, (ath.) (B) Uth.	AUSE CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	ular				
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DISEASES OF SIGNIFIC TO THE DEATH DISEASE OR COUNTY OF THE DEATH DISEASE OR COUNTY OF THE DEATH DISEASE OR COUNTY OF THE DEATH OF STATE OF	ashenia, etc. It means the blication which caused de NTECEDENT CAUSES R CONDITIONS, il any above cause (A) statement of the condition last. Il CANT CONDITIONS CONTRIBUTIONS CONTRIBUTION STREAMED TO THE TINDITION GIVEN IN PART 1 OPERATION [19R. CONDITION GIVEN IN PART 1 OPERATION [19R. CONDITION [19R	RIBUTING REMINAL (A). 218. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) While At Not Will Work At Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, W. YES IN CERTIFYING	apinian death occurred on the da 238. DATE SIGNED 27. BATTO MO (City, town, or county) (State)				

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

2-12-1972

0	3-3/9	L	72 0 MED		BALTIMORE CITY HE EXAMINER'S			DEAT	H REG. NO.	72 (1516
-	NAME OF DEC	TEACED									
	pe or Print)		100400			2. DATE OF	Known X	Month	Doy	Yeor	Hour
				4	Steeple	DEATH	Estimated	2	7	72	5:30 P. M.
4.	PLACE IN BAL				NOUNCED DEAD	3. DATE		Manth	Doy	Year	Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						UNCED DEAD	2	7	72	5:30 P.M.	
OK	NOITUTITZAI	Church	Home a	and Hos	spital	5. USUAL R	ESIDENCE (Wher	e deceased I	ived. If institution: B. COUNTY	residence l	before odmission)
	Seed Seed						Maryland				501
6.	SEX	7. RACE		8. MARRIE	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
	Male	Negi	~	WIDOWE	DIVORCED		Baltimore		VE	s 🗵	WO []
9. 1	DATE OF BIRT	H MERI	10. AGE (In	vegrs I if	Under 1 Yr. If Under 24 Hrs.		ND NUMBER		YE:	S (2)	ио Ц
	1 15 00		lost birthdo	M (v	onths Days Haurs Min.						
	1-15-29			43			lvin St.				
u.	BIRTHPLACE (S	tote or foreig	n country)	12	. CITIZEN OF	13. FATHER	SNAME				
	Baltimon	re, Mar	yland		WHAT COUNTRY?	Matthe	ws Steep1	le			
14A	USUAL OCCU	PATION (GIVE	kind af work	48. KIND C	Plastics	Y 15. MOTHER'S MAIDEN NAME					
Jen	Machine	Onerat	or irrenrea)	Adell	Plastics	Mildred Hamilton					
14	WAS DECEAS	ED CVED IN I	I C ADMED	FORCES?	17. SOCIAL	18. INFORMANT ADDRESS					
(Ye	yes	(If yes, give w	ar or dotes	of service)	I SECURITY NO.						01015
_		1 Z			217-26-4250		delaide I	avis :	Syul Boar	man A	ve. 21215
	19. E 96	511			CAUSE OF DEA	TH					PROXIMATE INTERVAL
В	DISEAS	E OR CONDI	TION DIREC	TLY							ELIT O'ILLY AIRD DEATH
		LEADING TO			(A)IMMEDIATE	ALISE CIT	nshot wou	nd of	chest		
	(This does n	oi mean the	mode of dyl	ng, e.g.,		AS A CONSEQ		ild OI	CHESC		
	injury ar con	, asthenia, etc. oplication which	It meons the h caused deo	disease, th.)							
		VIECEDENT ((8)						
	DISEASES O	R CONDITIO	NS, IF ANY	GIVING	DUE TO, OR	AS A CONSEC	QUENCE OF:				***************************************
-	UNDERLYIN	G CONDITION	ON LAST.	ING INE	(-1						
CERTIFICATION					(c)						
日	OTHER SIGN	IFICANT CON	DITIONS CC	AITDIDITIAL	C			AL YELS			
0	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMINA	AL						
	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).	***************************************						***************************************
员	ZUA. DATE OF	OPERATION	208. CON	DITION FO	R WHICH OPERATION W	AS PERFORM	ED		, H-5,	21. AUTO	PSY? (Yes or No)
	7										Yes
≾		VAL CAUSE V		228	B.PLACE OF INJURY (e.g., me, farm, factory, street, office	in ar abaut 2:	C. WHERE DID	(If in Boltima	re City, give exact		100
MEDICA	UNDERLYING			har		e bldg., etc.)				,	P 20
뿔	UTING CA	Manth) (De		/Haus	house		29 N. Cen			- 11	0 06
	OF INJURY				WALLE AT	VA.015	2F. HOW DID IN				
	(APPROX.)	2 7	72 4	:30P.m.	WORK AT W	WHILE K	Shot by	unknow	m assail	ant	
	23.										
	l certi	fy that I he	ld on In	quiry [Inspection Au	topsy	and that on th	nis basis,	death in my o	pinlon	
	result	ed from: No	tyral caus	es 🗆	Acciden Suicid	le Ho	micide E	Undetermi	ned manner		
		11/1	1111	1 //-			HIEF MEDICAL E		K		
1	ACTUAL	111/1	1/1///	VI	Yh		1		H		DATE SIGNED
	SIGNATU		110	//	M.D	•	TANT MEDICAL E				2-8-72
	EXAMINE NAME (T.				11	ASSO	CIATE MEDICAL E	XAMINER			2-0-12
244	NAME (T			ner U	Spitz, M.D.					1 7	
DEL	BURIAL CREA	124	B. DATE	2	24C. NAME of CEMETERY	or CREMATO	KY 24D.	LOCATION	(City, tawn,	ar caunty)	(Stote)

Mt. Calvary Cemetery

258. NAME OF REGISTRAR

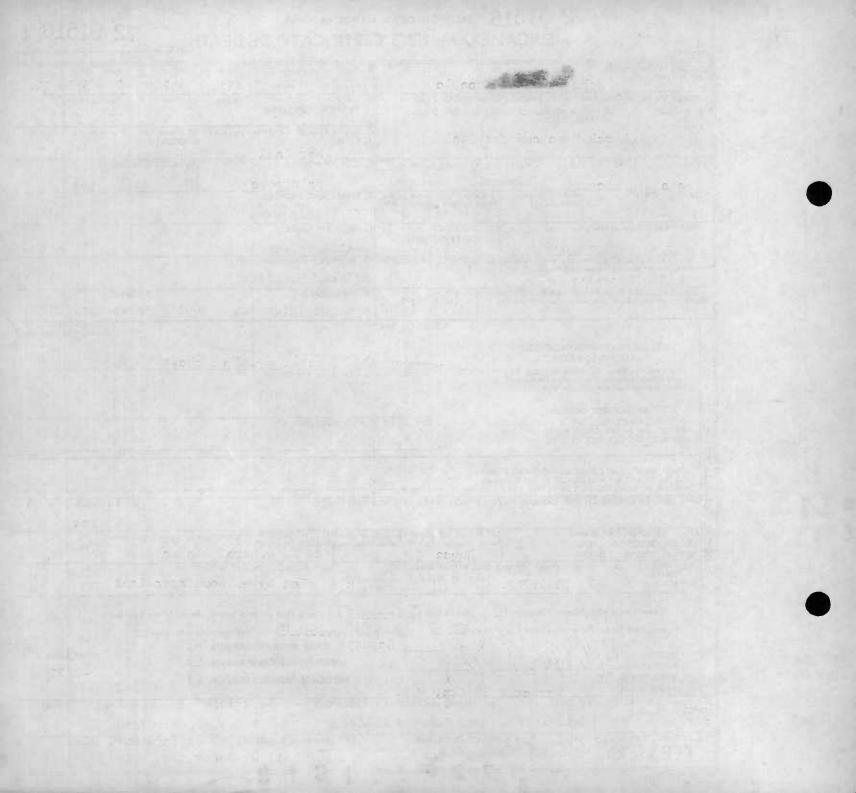
24D. LOCATION (City, tawn, ar caunty)

A.A. Co., Maryland

25c. FUNERAL DIRECTOR 1735 Harford DERES. 21213

Marshall W. Jones, Jr.

(Stote)



	C-462	72	0151	18		HEALTH DEPARTMENT	REG. NO.	72 01518		
	RTH NO.				CERTIFICA			15 01918		
(1)	pe or Print)	show 6	J. (el	ark	2	AND HOUR OF DEATH	21		
3.	PLACE IN BALTIN	ORE MARYLAND, W	HERE PRO	OUNC	ED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. Il in	stilution: residence before admission		
FLEX	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	OITUTIT	N, GIVE STREET	C. CITY OR TOWN	id.	DE CITY LIMITS?		
ľ	-> c>	Provide	ent H	ospi	ital		IOTE	YES NO I		
	37					3529 N.	Hilton	rd.		
5.	SEX 6.	VR 900	7- MARRIE		DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Manths Pays Haurs Min.		
do	e during most of worl	ATION (Give kind of work king life, even if retired)	10B, KIND	OF BUS				12. CITIZEN OF WHAT COUNTRY?		
12	Labore	T					Virginia	U.Sa		
13.	PAINER'S NAME		?	???!	5 %	14. MOTHER'S MAIDEN N		17674		
15. (Ye	Was Deceased Eve	er in U. S. Armed Fore	-	-	SOCIAL	17. INFORMANT		ADDRESS		
	1)05	,, give mut of date	- or service	2	SECURITY NO.	Chart				
	88.4/19	?		01.0	CAUSE OF DEAT	H A		APPROXIMATE INTERVAL		
	DISEASE	OR CONDITION DIR	ECTLY			1/10	0 1 - 0 1	BETWEEN ONSET AND DEATH		
		ADING TO DEATH	dving a		(A) IMMEDIATE CAL		livito Leita	low you		
	hearl failure, ast	henia, etc. Il meons	the diseos	e,	DUE TO, OR AS	A CONSEQUENCE OF:				
		ECEDENT CAUSES	deom.			P				
		DISEASES OR CONDITIONS, if ony, giving rise to the ghave course (A) stoling the								
	rise to the d	UNDERLYING CONDITION jost, (C) OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF:								
	ONDERLING C				(c) 0	are of Mr.	wors my	A Men		
CERTIFICATION	TO THE DEATH B	II NI CONDITIONS CON UT NOT RELATED TO TH	E TERMINA			gereveryed	Colorlas	Zeas		
ICA	19A. DATE OF OP	ERATION 198 CON	DITION FOI	WHICH	H OPERATION	20A. AUTOPSY? (Yes at 1	Na) 208 IF YES WERE E	INDINGS CONSIDERED		
ERTIF	0	WAS PERF	ORMED				IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?		
MEDICAL CI	21 A. ACCIDENT Y OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING DIG CAUSE OF	2 he	1B. PLAC ome, for ic.)	E OF INJURY (e.g., in m, factory, street, of	or obout 21 C. WHERE DID	(If In Bollimore	City, give exact lacation)		
EDI	21D. TIME (M	anthi (Day) (Yearl	(Hour) 21	E INJU	RY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
>	(APPROX.)		V	Vhile At	Not While	' 🗆				
22 1 - 1/4 1 - 1/4 1 1 - 1/4 1 1 - 1/4 1 1 - 1/4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
that (1) (we) last sow the deceased alive an										
and haur and from the causes stated obave. (1) (We) (did) (did nat) view the body ofter death.										
	23 A. SIGNATURE 23 B. DATE SIGNED									
	C		T/ (C	wh	DEGREE Phys		Staff Phys.	2/2/2		
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS									
244	KLAN 4- MACHT MOORE VE REED & BOM YEZ									
24A	REMOVAL (Speci	ily1		NAME 6	CEMETERY OF CRE			, town, ar cauntyl (State)		
	Burial	2/15/7				(2)	*	Md		
25A	EB14 197	2 Vasan E	25B. NAME			Adolphus	Halstead 1	206 W north Ave		
VS	150-REV. 1/1/68	1		e	100)	E 1		

12/8/70 2101 W. cold spring La,

Cathedral Cemetery

25B. NAME OF REGISTRAR

Baltimore, Md.

FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Rd. 21212

Burial

VS 151-REV, 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

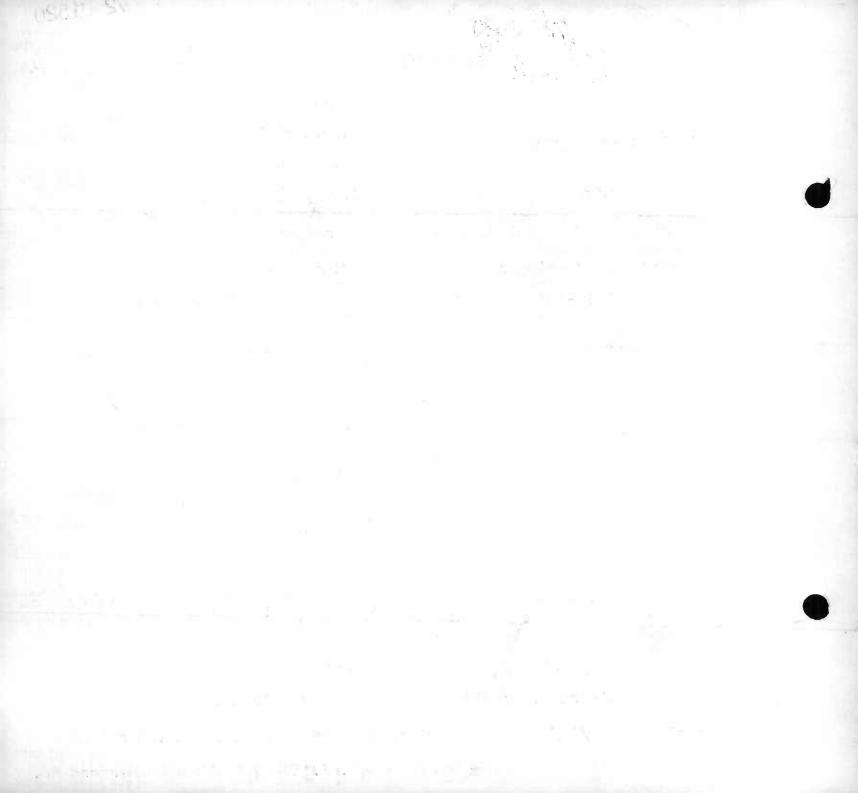
Design Control of the state of

C. avanganas Quis- abe- Managlu rely

A Committee

disco.c.u. encueso dinencial

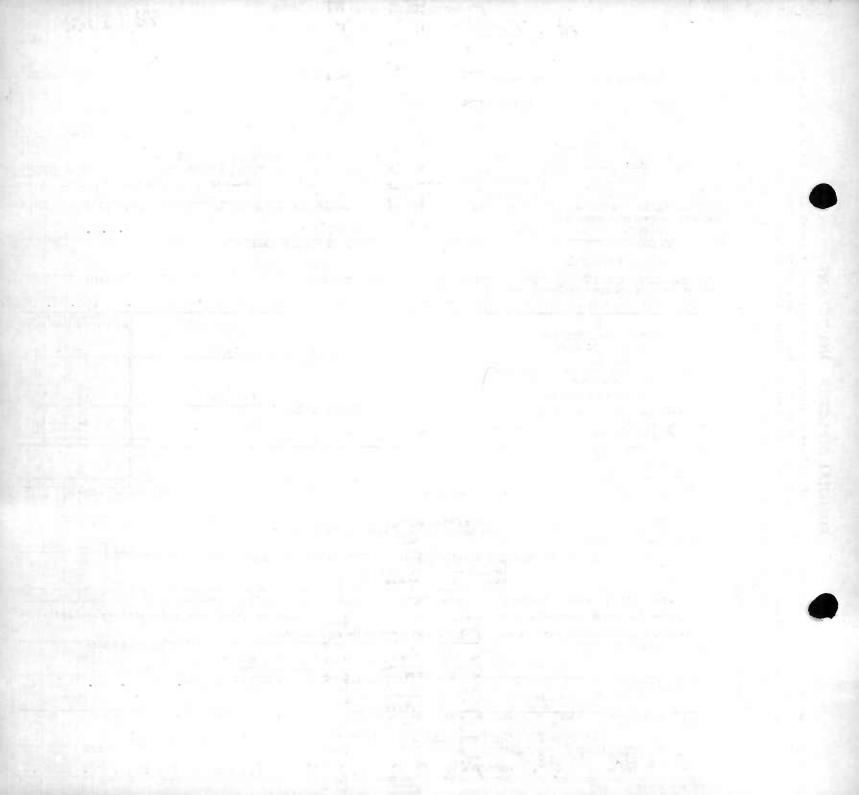
BIRTH NO.	DECFASED	72	152	O CERTIFICA			72 01520
(Type or Print	W]			ME GROENINGE		eb. 7, 1972	
3. PLACE IN	BALTIMORE, MA	RYLAND, WHE	RE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, I	If institution: residence before admission
FULL NAME		IN HOSPITAL	OR INSTIT	UTION. GIVE STREET	Maryland	Kent Q /	1 672
INSTITUTION		3 OK LOCA III	DIN1		C. CITY OR TOWN		NSIDE CITY LIMITS?
₽ Gou1	d Conval	sarium			Stevensvi		YES NOX
					Rte#1 Bo		
5. SEX	6. RACE		MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
male	whit		VIDOWED		Jan 2, 18	94 78	Williams Duy's Moois Williams
dane during mo	st of working life, ev	e kind of work 10! en if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country!	12. CITIZEN OF WHAT COUNT
Flor		S	elf e	mp1oyed	Maryland		USA
13. FATHER'S					14. MOTHER'S MAIDE	NAME	
	ge F. G				Mary Ne	aman	
Yes, no or unk	nsed Ever in U. S nown! (If yes, give	wor of doles of	r f service)	SEGURITY NO. 316	17. INFORMANT		ADDRESS
	121	7 1910				family red	cords
18. 4	EASE OR CONI	NTION DIREC	** v	CAUSE OF DEATH	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
D1.	LEADING T		ILY		multiste	1 4 4-1	weeking
(This do	es not meon the ure, osthenio, etc	mode of dy	ing, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	grade Surjug	GC
injuty of	complication wh	ch caused de	oth.)	1	0		
	ANTECEDEN			(B) Chitimorely	into Cerebova	rate Disano	>1 m
DISEA SE	the obove c	ONS, if any	, giving	DUE TO, OR AS	A CONSEQUENCE OF:	**************************************	
UNDERL	ING CONDITIO	N last.	mig me	(c)	*********		***************
z	- 11			On			
E 110 THE D	EATH BUT NOT RE	LATED TO THE T	ERMINAL	Chromi Br	in Somolow		
	OF OPERATION	198 CONDITI	ON FOR V	VHICH OPERATION	20A. AUTOPSY? (Tes		RE FINDINGS CONSIDERED
19A. DATI		WAS PERFOR	MED		n-	IN CERTIFYING	CAUSES OF DEATH?
. OR CONT	DENT WAS UND	ERLYING SE OF	21 B,	PLACE OF INJURY (e.g., in	or obout 21C. WHERE E	OID (If In Boltin	more City, give exact location)
DEATH (n	otify medical exam	nin eri	etc.)				
DEATH (n	T	oy) (Year) (H		INJURY OCCURRED		D INJURT OCCUR?	
(APPROXI			Whi	le At Not While At Work		/	1 / -
				e deceased from	1 5/19		2/7/19/2
that (I) (we) last sow th	e deceased a	live an	4/	4/ 1922 6	nd that In (my) (agt) o	pinian death accurred an the do
		ouses stated	above. (1)) (We) (did) (dld not) vi	ew the body ofter de	ath.	
23A. SIGN	ATOURE	hh	1	Aug	di		23B. DATE SIGNED
220 8446	1605 1	SDis	elling	DEGREE Phys.		5haff Phys.	2/9/12
23C. PHYS	# (Tuno)	ert B.	Br-d		3D. ADDRESS	at a Daniel	
24A. BURIAL	The second secon	DATE		DEGREE		air Road	
buria	L (Specify)	/10/72		ME of CEMETERY OF CREE			(City, town, ar county) (State)
	C'D BY HEALTH						y, Maryland
FEE	1 / 1072	~		F REGISTRAR	25C. FUNERAL DIRE		ADDRESS
FFF	13 3/4	VANDER BIC	Vije 40	EU, Ture ()	CA . LI TE FAR	AMAD & SOM O	802 Harford Rd.



1	A - 11 11 / 1	HEALTH DEPARTMENT
	Walter A. BusickCERTIFICA	TE OF DEATH REG. NO. 72 01521
	AME OF DECEASED OF PRINTI WALTER ABOUSICE	2. DATE AND HOUR OF DEATH 2/8/72-9 // P.
3, 1	LACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED OFAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN ID. INSIDE CITY LIMITS?
2	South Baltmore General	Ballemore YES XX NO
2	South Ballmore Cher	E. STREET AND NUMBER
5. S	EX 6. RACE 7. MARRIED TO ALCOHOLD TO	8, DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs.
	M WIDOWED DIVORCED	1/21/01 last birthdays 71 Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if refined) Chauffeur	
10	Kolined San Can Co	Md United States
13.	AAMCS BILLY	14 MOTHER'S MAIDEN NAME
12.1	0 - 0 000	CATHERINE AULL.
(Yes	,no or unknown) Uf yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Baltimore
		mrs. marie busick, 5239 wasena Ave.,
	18. / 2 / 1 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)MMEDIATE CAL	GI Sleedue
		A CONSEQUENCE OF:
	injury or complication which caused death.)	
	ANTECEDENT CAUSES (B) Slee	due dusclered wicey
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION lost (C)	leclasis
7		1000
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	6 (C) Jung.
U	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19A CONDITION FOR WHICH OFERATION	20A. AUTOPSTE (Yos of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIF	11/27/72 WASTERPORMED GI Sleeding	IN CERTIFYING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. FLACE OF INJURY (e.g., for CONTRIBUTING CAUSE OF home, furn, factory, sheet of	n or about 21C. WHERE DID (If In Baltimore City, give exect location)
CA	DEATH (notify medical exemined etc.)	
- W	210-TIME (Month) (Doy) (Year) (Hour) 216 INJURY OCCURRED OF INJURY	216 HOW DID INJURY OCCUR?
×	(APPROX.) While At Work At Work	
1	22. I certify that (I) (this hospital) attended the deceased from	1/19/12 19 10 2/0 19 72
	that (1) (we) last saw the deceased alive an 2/8/72	19 72 and that in my (aur) opinion death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not)	
	23A, SIGNATURE	23R DATE SIGNED
	DEGREE Phy	
	23C. PHYSICIAN'S NAME (Type)	3001 & Daneser St. Ballo and
	ESTIMOZA MOGGE	
244	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (State)
	rial 2/12/72 Cedar Hill Ce. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	metery Glen Burnie, A.A.Co., Maryland 25C. FUNERAL DIRECTOR ADDRESS
	EFR14 1072 20 de 2 2 2 0 0 0	George, J. Gonce, 4001 Ritchie Hgwy.
V\$	150-REV. 1/1/68	Baltimore, Md

100 21 A more of 8 1003 CH 42 Constitution of the contract o

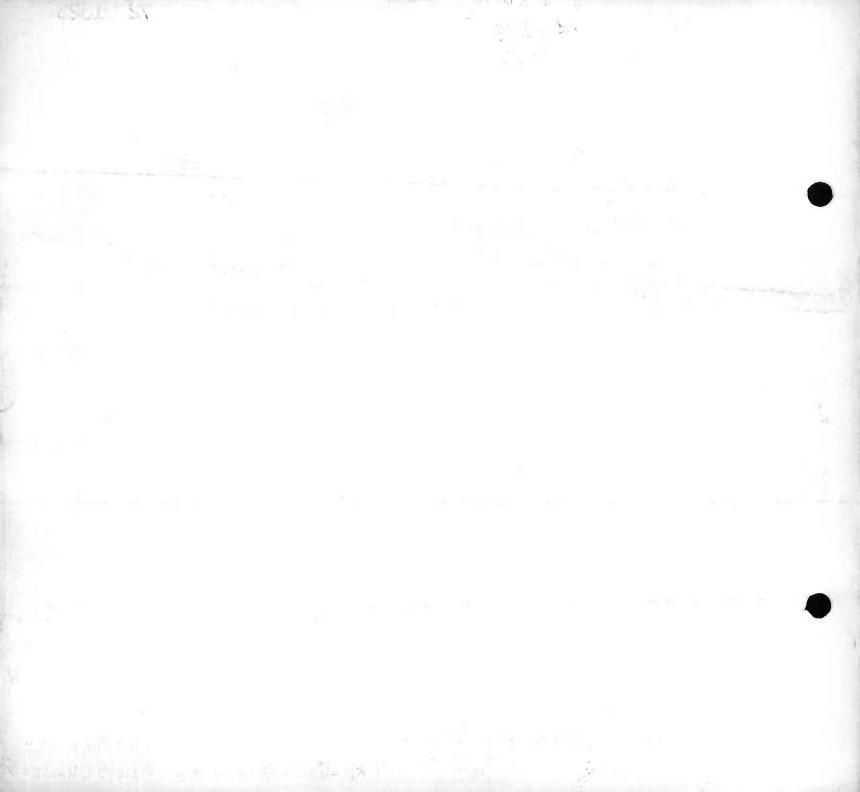
(51/1	h 1	4		HEALTH DEPARTMENT	V	72 01522
RIDT	1 194C	72	01522	CERTIFICA	TE OF DEATH	REG. NO.	15 01955
1. N	AME OF DEC	EASED		0 0	2. DATE A	ND HOUR OF DEAT	TH 10 25
••		Kay	mor	Schammel	. C).	10-72	19 - Am
3. P	LACE IN SAL	TIMORE MARTLAND, W	HERE PRONO	INCED DEAD	A. STATE B. COU	ero deceased lived. I	t institution: residence before admission
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland	Baltimore	5 300
IM 2.	TITUTION				C. CITY OR TOWN		NSIDE CITY LIMITS?
		re City Hospi stern Avenue	Ltais		E. STREET AND NUMBER	ndalk	YES NO X
		re, Maryland	21224		3452 McShane	Way 2	1222
5. SI		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	If Under 1 Yr II Under 24 Hrs
Ma	le	Caucasian	WIDOWED		10/23/21	last birthdayl	Months Days Hours Min.
		JPATION (Give kind of work			11. BIRTHPLACE (State of for	reign country)	12. CITIZEN OF WHAT COUNTR
dane	during most of the Desig	rorking life, even if refired) ner	Gas an	d Electric	Maryland		U.SAA.
3. F	ATHER'S NA				14. MOTHER'S MAIDEN NA	AME	
	Georg	e Schammel			Hannah Titus	S	
5. Y	Ves Deceased	Ever in U. S. Armed Fer	cos?	1 & SOCIAL	17. INFORMANT		ADDRESS
		lif yes, give war or date	s of service)	SECURITY NO. 220-09-9873		1910 Facto	rn Ave. Balto.Md. 2
-	yes	EN TT		CAUSE OF DEAT		4940 Easte	I APPROXIMATE INTERVAL
	18.410	7		CAUSE OF DEAT			BETWEEN ONSET AND DEAT
		E OR CONDITION DI	RECTLY		USE Meun		11 -1 -0 -
	(This does n	ot mean the mode of	dylng, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	47000	The Contract of the Contract o
	Injury or com	asthenia, etc. It means plication which caused	the disease,				· ·
	11.	NTECEDENT CAUSES		neron	+ Sentin 1	Sasterem	ii 24 day
		R CONDITIONS, If	any, nivina	(B) DUE TO, OR AS	A CONSEQUENCE OF:	0-00-1	
	rise to the	above cause (A)		1000	of Myscard	of on for	li 1 month
	UNDERLTING	CONDITION fact.		(c) 1 4 6 7	V / Vicere	A	
z	OTHER CICAME	II ICANT CONDITIONS CO	MITCHELITING			U	
Ĕ	TO THE DEAT	H BUT NOT RELATED TO T	HE TERMINAL	***************************************	1		
		OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSYS (Yes or	No 208 IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFIC	1	WAS PER	PORMED		yes	IN CERTIFIING	Yes
Ö	21A. A CCIDEN	T WAS UNDERLYING	21B	PLACE OF INJURY (e.g.,	n of a bout 21 C. WHERE DID	(il in Balti	more City, give exect location)
3	DEATH Inetify	medical examined	etc.				
MEDI	21D. TIME	(Month) (Day) (Year)	(Hous) 21E	INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
2	(APPROX.)		Whi	ile At Not Whi	· 🗆		
	22. Leastfy	that (1) (this hospital	1		1-9-72	_19to	2-10-72 19
							opinion deoth accurred on the da
							opinion death accurred on the do
	23A. 51GNATU		rea anave. (I	/ (ue) (ala not)	view the bady after death	•	238, DATE SIGNED
		m 11	20.	DA AH	ending Med.	Stoff	2-11-77
	23C. PHYSICIA	NES / /	uch	- DEGREE Phy		Phys. 1	Bolto Md 21224
	NAME (T	ypely NA I	1.0	0 10 1 10 0	2 11.	astern Ave	. Balto. Md. 21224
244	auntal a	V ·	0141	T W DEGREE	Halamore	coy 170	y was
24A	REMOVAL	MATION, 248, DATE	24C.N	AME of CEMETERY of CR	EMATORY 24D.	LOCATION	(City, town, or county) (State)
	burial	14 Feb	72 Chr	ist Lutheran	Church Cemeter	Settons	are, Malhal
25A	EEB 4CA	THE OFF A	258. MAAM	OF AEGISTRAR	25C. FUNERAL DIRECT	OR .	ADDRESS
	ILDIA	MIC ANGERRA	4 4500	C O Gardin	Ollrich Fine	Al Homes,	Dundalk, Md. 21222
1/6	150-REV. 1/1/	6R					

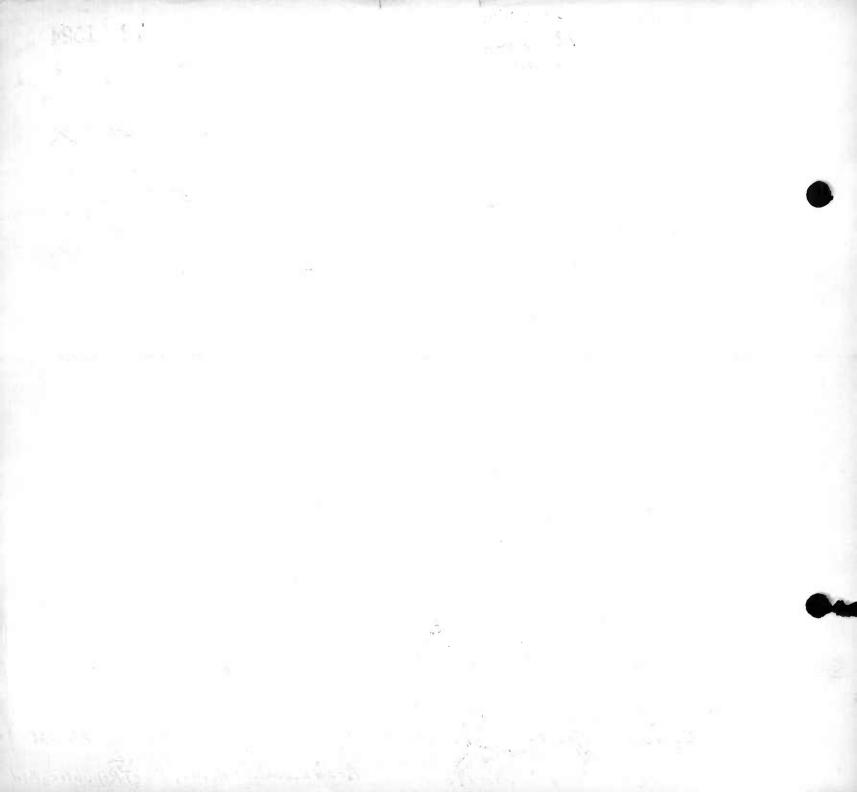


DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

1	2 2 2 1			BALTIMORE CITY	HEALTH DEPARTMENT	nte	79 04505
The same	RTH NO.		01525	CERTIFICA	TE OF DEATH		72 01525
(1	NAME OF DEC	STAT	HIS A.	HELEN	2. DATE	N. 9 192	12 10:08 P.M.
3,	PLACE IN BALT	IMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	stitution: residence before admission
H	ULL NAME OF OSMITAL OR ISTITUTION			UTION, GIVE STREET	C. CITY OR JOWN	AND 212	DE CITY LIMITS?
R	SINAI	HOSPITAL .	OF BA	LTIMORE	E. STREET AND NUMBER	lopk RD. 7	YES NO
5.	SEX Female	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10		Caucasian	WIDOWED	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	6/	
do	ne during most of v lomemaker	vorking life, even if retired)			Kytahera, Gre		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	AE .			14. MOTHER'S MAIDEN N.	AME	
	Theod	ore Capsanes			Efrosene Geor	gopoulos	
15. (Ye	Was Deceased s, no of unknown!	Ever in U. S. Armed Fo Of yes, give wor or do	rces? es of service)	1 6. SOCIAL SECURITY NO.	Andrew P. Sta		ADDRESS
	No	gan gan		100-07-5901	indrew r. 508	chis (nuspan	d) Same
	18. 5 7 4 DISEAS	e or condition di	DECTI V	CAUSE OF DEAT	i		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
1		LEADING TO DEATH	W-0121	(A) IMMEDIATE CAL	SEPSIS		
	(This does no	at mean the mode of asthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		*****************************
1	injury at cam	plication which caused	death.)				
-	A	NTECEDENT CAUSES		COMMO	N BILE DURT	STONE 6	20,
1	DISEASES O	R CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
1		above cause (A)	stating the	(c)			
		11		\\(\mathcal{O}\).			***************************************
ATION	OTHER SIGNIFI	CANT CONDITIONS CO	HE TERMINAL				
		OPERATION GIVEN IN PA		VHICH OPERATION	20A, AUTOPSYZ (Yes or)	Nol 208 IF YES. WERE I	INDINGS CONSIDERED
CERTIFIC	12-8	-72 WAS PER		600 D	20A. AUTOPSY? (Yes or)	IN CERTIFYING CA	JSES OF DEATH?
₹ V	OR CONTRIBU DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examined	218, hom- etc.)	e, form, factory, street, of	or about 21 C. WHERE DID fice bldg., INJURT OCCUR?	(if in Boltimor	City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX)	(Month) (Doyl (Year)	Whi	INJURT OCCURRED Not While	21f. HOW DID IN	JURT OCCUR?	
			Wor				
	-	that (1) (this hospita		ne deceased from	1-31-72	19 72 to 2	-9 19.72
		last saw the deceas	-	3 - 7'	19	hat in (my) (our) apla	nlan death occurred on the date
			ted abave. (1	(We) (did) (did nat) v	iew the bady after death	•	
	23A. SIGNATU	RE/ 0 M	1 10 01	44.	10 - 40 1 -	0. 11 m	23B, DATE SIGNED
	()	wasal An	uxbrac	DEGREE Phys		Staff Phys.	2/9/72
	NAME (Ty	SAHASCHA!	Miner	KARHIITIHA	23D. ADDRESS	Falm 11	RALTIMAT
24	A. BURIAL CREA	AATION, 248. DATE	110011	ME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (CI	y, lown, or countyl (State)
	Burial	2/12/7				altimore, Mar	
25	A. DATE REC'D			k Orthodox Ce	25C. FUNERAL DIRECTO		
1	FBT# 1	SIZ VEEDE	This bear	7000		Home 5200	
'VS	150-REV. 1/1/6	8	1 7	A Property South South	1 2 6	1	

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258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT VS 151-REV. 1/1/6B

Feb.11.72

BURIAL

25C. FUNERAL DIRECTOR

ADDRESS

& MOWEN CO. 198 W. North Av.

Fullerton. Balto.Co.. Md.

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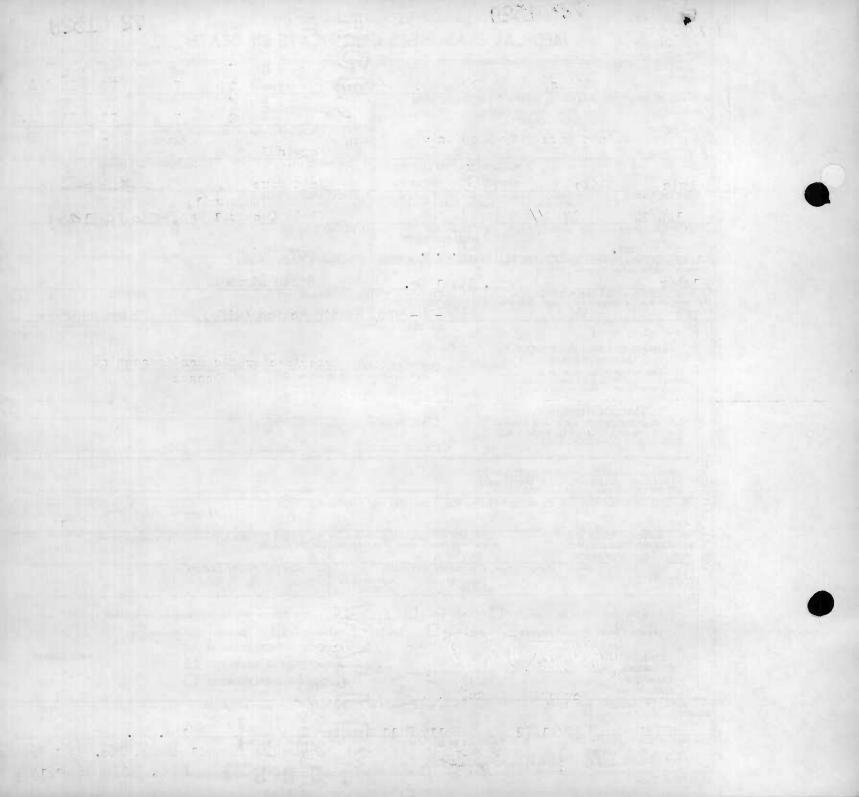
Miller Lord In 100 Berger World

	1/ 17/	72	0152	BALTIMORE CITY	HEALTH DEPARTMENT		
1/	4-500	,	OLUÇ	CERTIFICA	TE OF DEATH	REG. NO.	72 01528
10.	TH NO.	ASED		GERTII TO		DI HOUR OF DEATH	- ATOCO
(Ту	pe or Print) Hi	iut, C	harles		2/8	5/72	1100 Am
3.	PLACE IN BALTI	MORE, MARYLAND,	WHERE PRON	OUNCED DEAD	A. STATE B. COUN	re deceased lived. If inst ITY	itution: residence before odmission)
He	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST	TTUTION, GIVE STREET	C. CHY, OR TOWN	140	E CITY LIMITS?
	1 . /	ady losp	C	house	1816 M		YES NO
	4940	Eastern	Ase	21224 Baltimore, Md.	E. STREET AND NUMBER	nley ave	
5.	SEX	S. RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE In years	If Under 1 Yr. , if Under 24 Hrs.
	M	Catcasian	WIDOWE	D DIVORCED	7/14/07	02 (62)	Months Doys Hours Min.
10/	USUAL OCCUI	ATION (Give kind of wor orking life, even if retired)	108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
001	tailor -		Dvor	ek Bros.	Md		us
13.	FATHER'S NAM		1 2001	OK DIOD\$	14. MOTHER'S MAIDEN NA	ME	
		George Hu	int				
15. (Ye	Was Deceased E	ver in U. S. Armed Fo	eces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			214-14-5394	BCH RECORDS: 4	940 Eastern	Avenue 21224
	18. 15 2	0 1		CAUSE OF DEAT			APPROXIMATE INTERVAL
		OR CONDITION D	RECTLY		1	` ^	BETWEEN ONSET AND DEATH
		EADING TO DEATH		(A) IMMEDIATE CAU	USE Ademocarch	was lean	M 142
	heart failure, a	t mean the mode of sthenia, etc. It means	the diseas	e, DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or camp	licalian which caused	death.)				
		NTECEDENT CAUSES		(8)			
	DISEASES OR	conditions, if	any, givin				
		CONDITION last.	araning to	(c)	****************************		
_		- 11					
ATION	OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING	}			
S	DISEASE OR CO	NOTION GIVEN IN PAI	RT 1 (A).	100000000000000000000000000000000000000	1204	V 202	***************************************
ERTIFIC	O	WAS PER		WHICH OPERATION	NO NO	IN CERTIFYING CAUS	ES OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUT DEATH (notify in	WAS UNDERLYING [ING CAUSE OF nedicol exomined	h	IS PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	n or obout 21C. WHERE DID	(If In Boltimore	City, give exoct location)
	21D. TIME	Monthi (Doyl (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	OF INJURY (APPROXI			hile At Not While			
	22 1	(1) (1) (1))	/ork At Work	713	10 77 · ~Z	1-2
		hat (1) (this hospita		-1-		1910	
		ast saw the decease			19 7 4 ond the	at in (my) (our) opinio	on death occurred on the date
			ted above.	(1) (We) (did) (did not) v	lew the body after death.		
	23A. SIGNATUR	Ind. The	57.0	(M) Attel	nding Med.	5. 11 ==	3R DATE SIGNED
	110	Marine Marine	Some	DEGREE	. Director L.	Phys.	218/22
	PHYSICIAN NAME (Typ	alcolar 1	levit	ha Mi	ASA Baltimo	secity Hospi	
244	BURIAL CREM	ATION, 248, DATE	24C.	NAM of CEMETERY of CRE	MATORY 24D. LC	CATION (City,	town, or county) (Stote)
	BURIAL	2/11/72	Н	oly Redeemer Ce	emetery	Balto. N	id.
25/				OF REGISTRAR	Schimunek F		
1	FEB14	716	4 40100	00	Schimunek F	uneral Homes Lane, B	Inc. 3331 Brehms
AZ	150-REV. 1/1/68						

Lane, Balto Md 21213

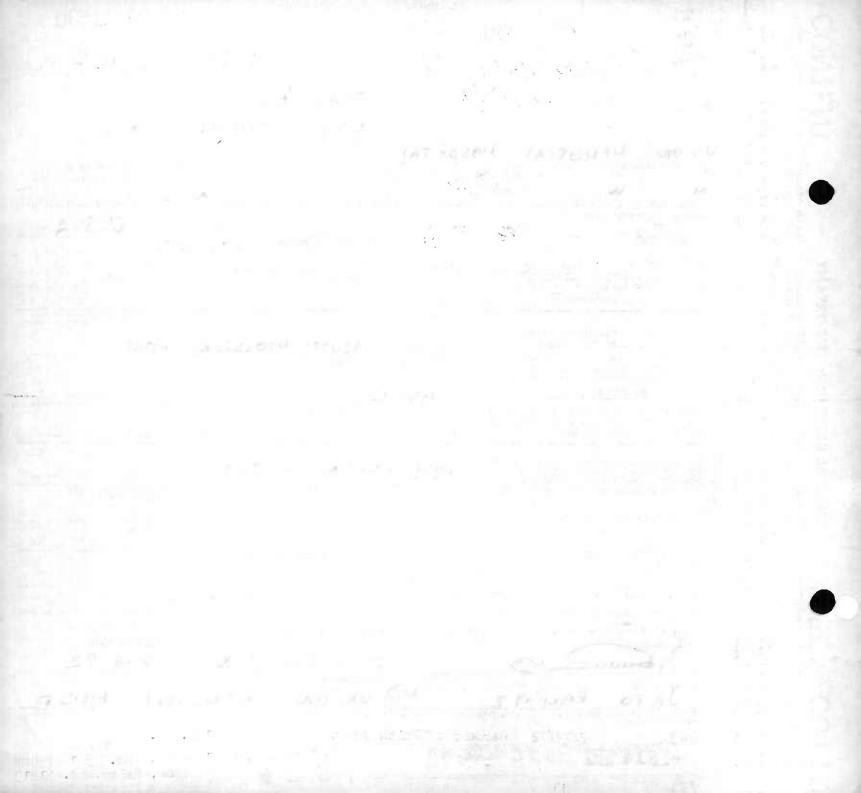
258. NAME OF REGISTRAR

VS 151-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the vritten approval must be obtained before the remains are embalmed or final disposition is made.

11.00			BALTIMORE CITY	HEALTH DEPARTMENT		70 04500
SIRTH NO.	72	01530	CERTIFICA	TE OF DEATH	REG. NO	72 01530
NAME OF DECE		,		2. DATE AN	D HOUR OF DEATH	100
Type of Print)	latter N	ollak	(T)	7 -	2.77	112 P. M
	MORE MARTLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	o deceased lived If ins	titution: residence before admission)
				A. STATE B. COUN	TA.	5/33
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION. GIVE STREET	MARYIDN	<u>)</u>	2000
NOTITUTITE	ADDRESS OR LOCA	A IIOII)		C. CITY OR TOWN		DE CITY LIMITS?
1 hope				CITY of B	370Mit1A	YES X NO
111.00	110	. 1 1	10001	E. STREET AND NUMBER	0	
NOIN	Memori	41 1	lasp 1 TAI	3330 Deus	ley One.	
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	If Under 1 Ye, if Under 24 Hrs. Months Doys Hours Min.
M	W.	WIDOWED	DIVORCED T	04-13.09.	62	
A USUAL OCCU	PATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE IStole of fore		112. CITIZEN OF WHAT COUNTRY
	orking life, even if seffred)	10.	1	11. 8		11 6 4
Keter	ed	Aron &	Stal Warken	Hudson lens	esylvania	J U.S.A.
FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME (Slowinski)
Stank	M. M.	1	Page	11.0.	2	- 2 Part
Was Description	1 lova	10 -	1 acous	17. INFORMANT	ovensk	ADDRESS
s, no of unknown)	lif yes, give war or date		SECURITY NO.			billemera Ad 2 121
yes.	wared won 11		187-18-090	mrs Stella	noval	3330 Level 0
118. // / ^	9 1	, (, , ,	CAUSE OF DEAT			APPROXIMATE INTERVAL
1 4/0.	OR CONDITION DI	BECTIV				BETWEEN ONSET AND BEATH
	EADING TO DEATH	KECILI		SE A CUTE MYO	mi 1/2/18/25	Vaice 32 days
	t mean the mode of	dylag, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	CE CATE II	Haire
heort failure, a	isthenia, etc. It means	the disease,		A CONSEQUENCE OF:		
	lication which caused					N- YKS
A	NTECEDENT CAUSES		181 ASCU	D .		N IPS
DISEASES OF	R CONDITIONS, If	any, giving	(V)andanaha-rasanana	A CONSEQUENCE OF:		
	above cause (A)	stating the				
UNDERLYING	CONDITION last		(c)			
	11		DECEREORATE	Cus state flat 6	EG du to on	oxic brain damnge
OTHER SIGNIFICATION	CANT CONDITIONS CO	NTRIBUTING		DRIAL SAIRS		32 day 3
DISEASE OR CO	NDITION GIVEN IN PAR	RT 1 (A).	(hatenessessessessesses			
19A. DATE OF	OPERATION 198 CON	IDITION FOR	WHICH OPERATION	20A AUTOPSYT (Yes of No	IN CERTIFYING CAU	INDINGS CONSIDERED
21A. ACCIDEN	WAS LEK			and the second second	The state of the s	
21A ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(11 In Boltimore	City, give exoct location)
DEATH (notify	TING CAUSE OF	hon	ie, tarm, roctory, street, or	nce ploguind out occur		
		(N) (81-	talitar a causan	218 41014 515 514	HAY OCCUP	
OF INJURY	(Month) (Doy) (Year)	1 1 1	INJURY OCCURRED	21F. HOW DID INJ	UKY OCCUR!	
(APPROX)		W	Not While	• 🗆		
22 1	has (1) (ship hands		he deceased from		19to	19
thot (I) (we)	lost sow the decease	ed olive on_		19and th	at in(my) (aur) apin	ion death accurred on the dat
ond hour and	from the causes sto	ted obove. (1) (We) (did) (did not) v	lew the bady after death.		
23A. SIGNATUI	IE					238 DATE SIGNED
356	Prime	MA	AH	nding Med.	Staff Phys.	2-8-72
23C PHYSICIA	1.11		DEGREE Phy	Director L	rnys.	
23C. PHYSICIAN	pe)		1.	_		
1 20:	RO PAN	1137	MO	UNION	MEMON	DI HOSD
A. BURIAL CREA	MATION, 248 DATE	24C. N	AME of CEMETERY OF CR		OCATION (City	y, town, or county) (Slate)
REMOVAL (S	pecify)			100		
BURIAL				0	T) = 1 24	
	2/12/		rdens of Faith	Cemetery	Balto. M	
				Ceme tery		
SA. DATE RECE			rdens of Faith	Ceme tery 25C. EUNERAL DIRECTO	uneral Home	d. ADDRESS s, Inc. 3 331 Brehm B, Balto. Md. 2121

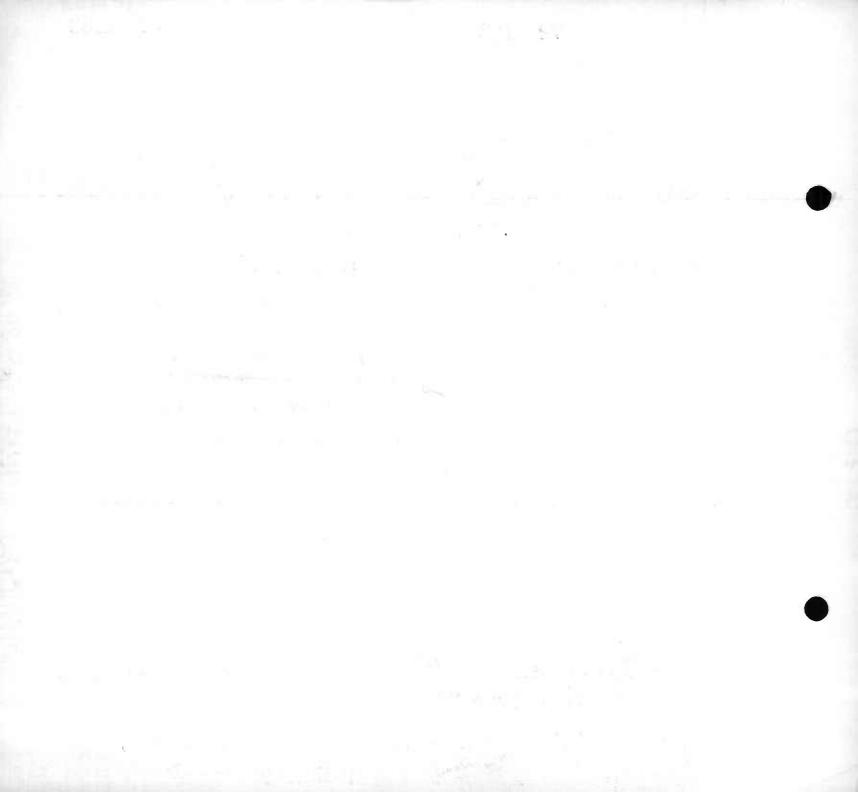


FUNERAL DIRECTOR: IMPORTANT

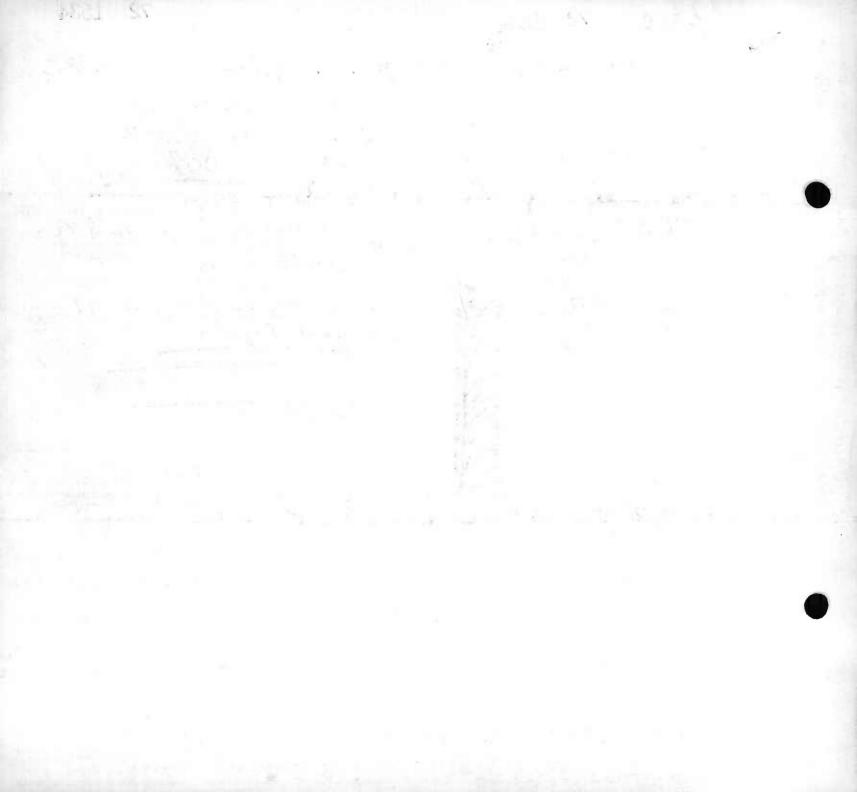
1	1-520	72	015	0.1	Y HEALTH DEPAR		REG. NO.	72	01531
	TH NO.		OTO	OT CEKLILIC	ATE OF DE		D HOUR OF DEATH		
(Ту	pe or Print) Jose	eph Kons	ki			0/0//	72	t	
3.	PLACE IN BALTIMO	E MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL RESID	ENCE (When	e deceased lived. Il in	slitution; res	sidence before admission)
H	ILL NAME OF OSPITAL OR STITUTION	IF NOT IN HOSPIT	AL OR INS	STITUTION, GIVE STREET	Maryla c. CITY OR TOW	nd N		DE CITY LIN	2404
	0 0 1521	Belt Str	not		Baltimo			YES 🕱	ио □
			eec		1521 B	NUMBER elt St	reet Baltin	nore M	aryland
1		rite	7- MARRI WIDOW	ED DIVORCED	June 12,	1918	9. AGE (in years lost birthdoy)	II Under Months	1 Yı. if Under 24 Hrs. Doys Hours Min.
don	N. USUAL OCCUPATION of during most of working Pipe Fitt	life, even if refired)	10B, KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (1	gn country)		EN OF WHAT COUNTRY?
13.	Louis Kon	ski			14. MOTHER'S M Helen	Whitle		!	
15. (Ye:	Was Deceased Ever i s, no or unknown) (If ye	n U. S. Armed For s, give war or dote	ces? s of servic	16. SOCIAL SECURITY NO. 215-09-6759	17. INFORMANT Marie A.	Konsk	zi 1512 Bel		ADDRESS
	18. 750. 9	1		CAUSE OF DEA			Vinanter.	- 1	APPROXIMATE INTERVAL
		CONDITION DI	RECTLY		core	ru-	3		TWEEN DISET AND DEATH
	(This does not me	an the mode of	dying, e	(A) IMMEDIATE CA	USE Cardic		Har accid	.ent	HR7-
	hearl lailure, asther injury or camplicati	nia, elc. Il means	the disea	se,	A CONSEQUENCE (JF:			
	ANTEC	EDENT CAUSES		4-1	diabetes	melli	tus		15 Just.
	DISEASES OR CO			ing DUE TO, OR A	S A CONSEQUENCE		*************		
	nise to the abo UNDERLYING CON	ve cause (A) NDITION last.	slaling	(c) Arter	iosclerot	tic ca	ardiovascu	lar d	lis. 1545+
ATION	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT	NOT RELATED TO TH	IE TERMINA	IG S	the the	legi	n -00		
CERTIFIC,	19A-DATE OF OPER	ATION 198 CON WAS PERF	DITION FO	PR WHICH OPERATION	20A. AUTOPSY?	(Yes or No	20B. IF YES, WERE I	FINDINGS OF DI	ONSIDERED EATH?
CAL	21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medic	S UNDERLYING CAUSE OF		21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHI affice bldg., INJURY	ERE DID OCCUR?	(il in Baltimare	e City, give	exact locotion)
MEDIC	21 D. TIME (Mont	h) (Doy) (Yeoi)	(Hour)	21E INJURY OCCURRED		N DID INJU	JRY OCCUR?		
2	(APPROX.)			While At Not Wh	lle 🗌				
	22. I certify that (l) (this haspital) attended	d the deceased fram		1	9 47 ta 2	- 9 -	19 72
				1-10-	19 72	and the	it in (my) (aur) api	nian death	accurred on the date
	and haur and fram	the-causes stat	ed abave.	. (I) (We) (did) (did nat)	view the bady afte				
	23A. SIGNATURE	Sleum			ending 🔂 Med		Staff Phys.	23B DATE	SIGNED 0-72
	23C. PHYSICIAM'S NAME (Type)	r Ellison		Q DEGREE	23D. ADDRESS		Street 212	30	
24A	BURIAL CREMATIO		24C.	NAME of CEMETERY OF CE				y, lown, or	county) (Stote)
	Burial	2/14/72	He	Lu Redeemen Co	motor	R	1+iman = M-1		
25A	FEB14 197	2 Valent	258.NA	e of traustran	25C FUNERAL	DIRECTOR	itimore, ud. ineral Home	130	Fort Ave.
1/5	150_REV. 1/1/68								

R-540 BIRTH NO.	-	01532		Y HEALTH DEPARTMENT	REG. NO	72 01532
1. NAME OF DE		V. ROMMA	AL	2. DATE Feb	ruary 10,	1972 , 9 454
3. PLACE IN BA	LTIMORE, MARYLAND	D, WHERE PRONO	OUNCED DEAD	4. USUAL RESIDENCE (V		institution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTI-	TUTION, GIVE STREET	Marylan C. CITY OR TOWN	d	NSIDE CITY LIMITS?
441	4 Old Fred	derick H	Rd.	Baltimore E. STREET AND NUMBER		YES NO
00				4414 Old F	rederick A	Rd.
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. , Il Under 24 Hrs.
male	white	WIDOWED		Aug. 7, 1891	last dirthday!	Months Days Hours Min.
done during most o	UPATION (Give kind of working life, even if refin	red)		11. BIRTHPLACE (State or	areign country)	12. CITIZEN OF WHAT COUNTRY
printer	2	Harr	y S. Scott	Co. Baltimo.	re . Md.	USA
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
	ohn W. Ro			Emma Lampe	2	
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed	forces? dates of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	none		212-03-530	7 Mrs. M. Vic	ola Rommal	4414 Old Fred. 1
184/2	.4		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION			./ \.	. `0	BETWEEN ONSET AND DEATH
(This does	LEADING TO DEA		(A) IMMEDIATE CAL		allen	48 har.
heart failure,	asthenia, etc. It me	ans the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or car	application which cause		BY			
Distant	ANTECEDENT CAU		(B) Cerle	ungelente i	Charles	or 5 gu x
rise to the	OR CONDITIONS, e above cause (il any, giving (A) sloting the	DUE TO, OR AS	A CONSEQUENCE OF:	dusar	l '
UNDERLYIN	G CONDITION lost.		(c)			
O THER SIGNI	II FICANT CONDITIONS TH BUT NOT RELATED TO	O THE TERMINAL				
19A. DATE OF		ONDITION FOR PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	G 21E hon etc.	ne, torm, tactory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	()£ In Boltim	ore City, give exact location)
OF INJURY (APPROX.)	(Manth) (Day) (Ye		INJURY OCCURRED ile At Not While	21F. HOW DID I	NJURY OCCUR?	
22. I certify	that (1) (this haspi			7	10/05 10 7	-b-10 1922
	lost saw the dece		Feb 18	10 32	and I Stanzanana I U panananangka	
	•		المراجعة الم	lew the body ofter death		pinion death occurred on the date
23A. SIGNATA	IRE /		Trees (did) (assessed v	iew the body offer deaff	10	23B, DATE SIGNED
4	thus ha	elet 7		nding Med.	Staff	2-10-72
23C. PHYSICIA		VESKI	DEGREE	100 9 Fred	Phys. L.	Ballerine has
24A. BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State)
Burio		2,1972			Baltimore,	
	· · · · · · · · · · · · · · · · · · ·					Marillana
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	BY HEADTH DEPT-		Lorraine C			
EB14 19	BY HEALTH DEPT		REGISTRAR	25C. FUNERAL DIRECT		state ADDRESS

В	W-420 72	BALTIMORE CITY 1533 CERTIFICA	TE OF DEATH	REG. NO	72 01533
1.	NAME OF DECEASED	hn B.		10 HOUR OF DEATH	-Pot.
3	PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Whee	e deceased lived. It in	M. Institution: residence before admission
H	N3IITO IION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	4	DE CITY LIMITS?
L	South Ballin	Hospital	E. STREET AND NUMBER	2:	YES [A] NO [] 1225
5.	SEX 6. RACE 7. a			ergse	
	Hala ladio	AARRIED NEVER MARRIED DIVORCED DIVORCED	11-29-92	9. AGE lin years lost birthdoy) 7 9	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do	one during most of working life, even if refired) Re	et. (City)	Balli w	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	August J Wills		14. MOTHER'S MAIDEN NAM	*	
15. (Y e	Was Deceosed Ever in U. S. Armed Forces? es,no ar unknown! (III yes, give wor or doles of	servicel 16. SOCIAL SECURITY NO. 214 40 5649 A	17. INFORMANT Rosamond Wills		ADDRESS
	DISEASE OR CONDITION DIRECT	CAUSE OF DEATH		127 Jeffer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	LEADING TO DEATH (This does not mean the mode of dyinheart failure, astheria, etc. It means the injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, rise to the abave cause (A) state UNDERLYING CONDITION (ast.) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED THE DEATH BUT NOT RELATED TO THE TET DISEASE OR CONDITION GIVEN IN PART 1 (A)	giving (B) CLACAN GUTING GUTING GUTING GUTING	se Phulmoni consequence of: infection y had old one a consequence of: ced ASCVD &	to prost-by	pretropes
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A-AUTOPSY? (Yes of No)	208, IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY le.g., in home, form, foctory, street, offietc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(Il In Boltimore	City, give exoct location)
MEDI	21D. TIME (Month) (Day) (Year) (Ho OF INJURY IAPPROX.)	While At Work	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that (I) (this hospital) atte	ended the deceased from	19)to	19
	that (1) (we) last saw the deceased ali	ve on	19and that	in(my) (our) opin	Ion death occurred on the date
	and hour and fram the causes stated al	bove. (1) (We) (did) (did nat) vi	ew the body after death.		
	23A. SIGNATURE) M.D. Atten Phys.	ding Med. S	haff N	23B. DATE SIGNED
	P SUB		D. ADDRESS		
24A	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City	, town, ar county) (State)
	Burial 2/12/72	Loudon Park Cemet	ery 4801	Frederick	Road, 21229
.5A	FEB14 1972 Call C	O O	25C. FUNERAL DIRECTOR		Patapsco Ave 21225
5	150-REV, 1/1/68				



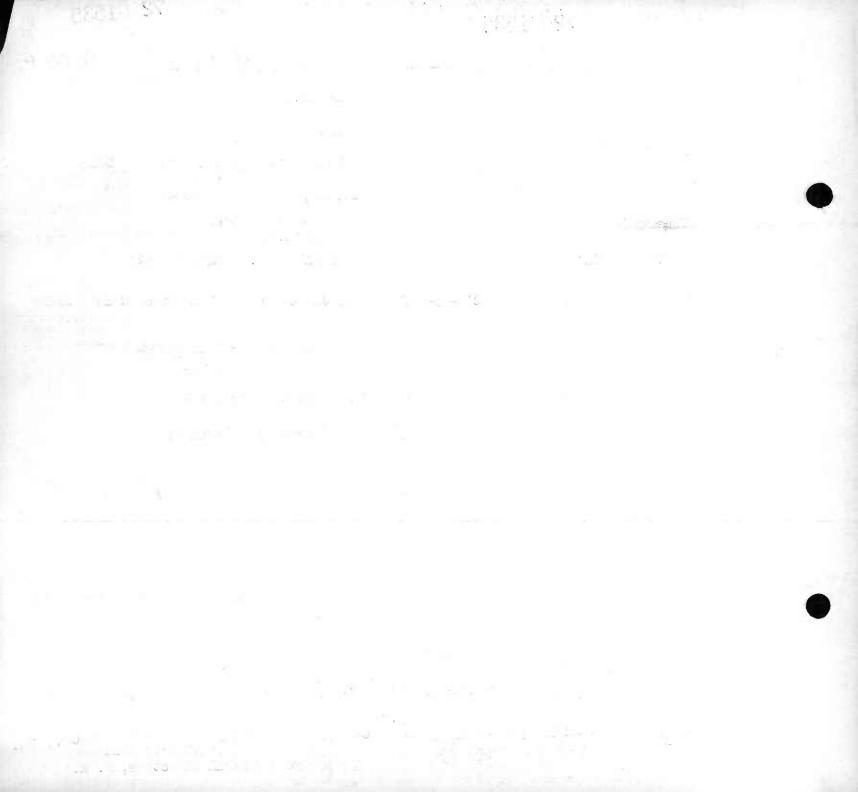
42		BALTIMORE CITY HEALTH DEPARTMENT 72 01534
1	71.570.0.5	T-562 CEPTIFICATE OF DEATH REG. NO.
919	S of the Co.	LINAME OF DESCRIPTION
E W	SC + SC	(Type or Print) Peterson, MR. William J. Sr. 2/8/12
N 1/2	# + 0 0 E	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)
200	Sp.	A. STATE B. COUNTY
8	de de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MO BALTIMORE DA CITY OF TOWN
3	0 0 0	INSTITUTION D. INSIDE CITY EMILY
2	E 22 4 F	1 NATE I TEST NOT
2	P.E. O B.E.	Church Home + Hospital 21231 E. STREET AND NUMBER
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8	nin pe	Monling Doys Hours; Min.
),	ocontro mregerals als r	WIDOWED DIVORCED 0 -23-14 57 yrs.
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R	or nd	Retiredmechani CRUN CORKADEAI BALTIMORE 11.8.a.
2	D D O S	13. FATHER'S NAME
5 H	= 64 > ± q	Herman Referson Dorothea Schnidt
Z	E 5 5 4 5 5	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) (II yes, give wor or dates of service) 4. SPCIAL 17. INFORMANT (Wife) ADDRESS
NA	the the dec	(Yes, no or unknown) (II yes, give wor or doles of service)
7 5	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	YES MITT. = 16-03-152 DMRS VIRGINIA PETERSON 28 A DECKY
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1 8	orong ar	heart foilure, asthenia, etc. Il means the disease injury or complication which coused death.
< 0	E	ANTECEDENT CAUSES
3 5	an A f	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
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DA	ed ben hy	other significant conditions contributions of the termina Dalute Mill tus
Z Z	EYUN	< IDISEASE OR CONDITION GIVEN IN PART 1 (A)
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SEN.	Pro Pro	U 21A. ACCIDENT WAS UNDERLYING
Em	# 12 o o o o o o o o o o o o o o o o o o	OR CONTRIBUTING A CAUSE OF home, form, fociory, street, office bldg., INJURY OCCUR? 2 5. DELECT AND A
	d Kanada	
	P (9)	21D. TIME (Month) (Doyl (Year) (House 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY (Approx) A While At D Not While TO NO
	a d a d a	(APPROX) 2 6 1972 4Ar While At Not While I By fall, down basement steps
	ny ny property of the control of the	22. I certify that (I) (this hospital) attended the deceased from 1/6/72 19 to 2/8/72 19
	to to for to	that (1) (we) lost saw the deceased olive on 2/80 72 19 ond that in (my) (our) opinion death occurred on the date
	00 -	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	dent of death)	23A. SIGNATURE 23B. DATE SIGNED
	5 6 5 5 5	Attending Med. Shaff M 2/6, 72
		23C. PHYSICIAN'S NAME (Type) A A THE STATE OF THE PHYSICIAN'S NAME (Type) 23D. ADDRESS
	was r An a L at o prior	NAME (Type) A. MBHTH MID
	certification body was vs. (1) An D.O.A. at assed prior ten appropriate ten ap	DEGREE DEGREE
	T. P. O. S. P.	REMOVAL (Specify)
	This certificate m the body was reli shows: (1) An acc was D.O.A. at a deceased prior to	Burial 2/11/172 Vak Lawn Cemetery Baltimore, "aryland
	the b show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR JOHN ST. WORLD, Since ADDRESS
	F = 4 ≥ 4 ≥	FEB14 1672 Police & Red O O O I 5 3 0 3000 E. P. Mimore St.
		VS 150-REV. 1/1/68



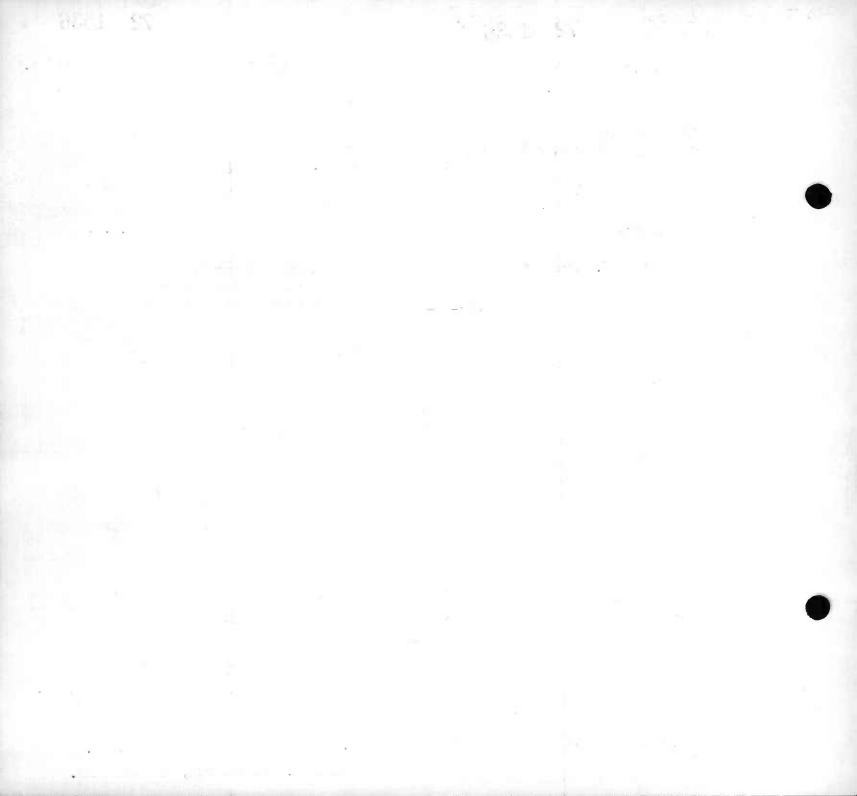
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DIRECTOR:

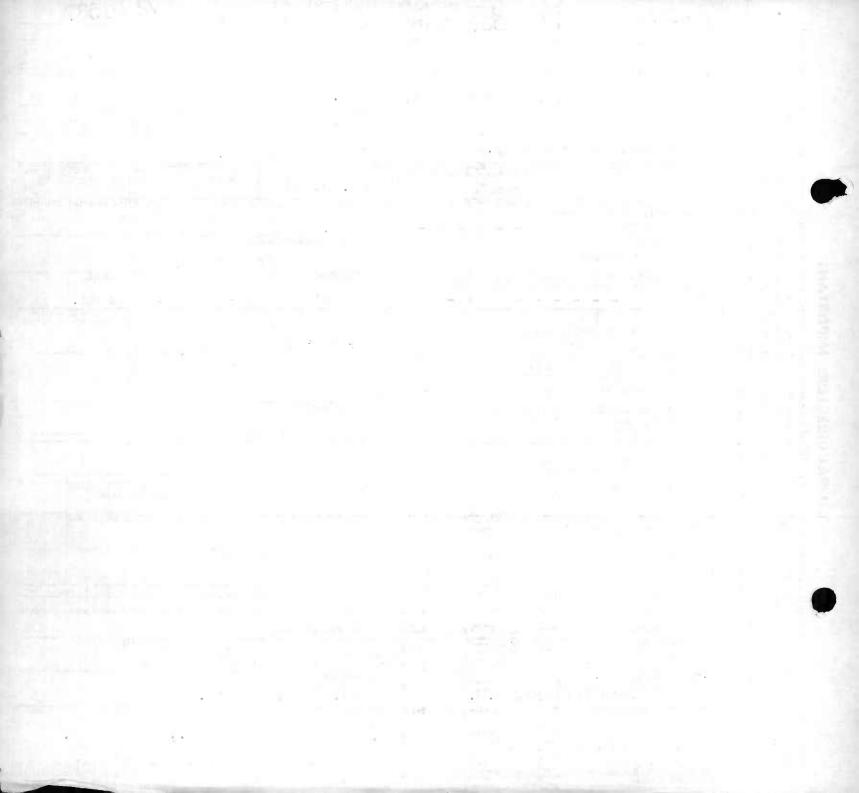
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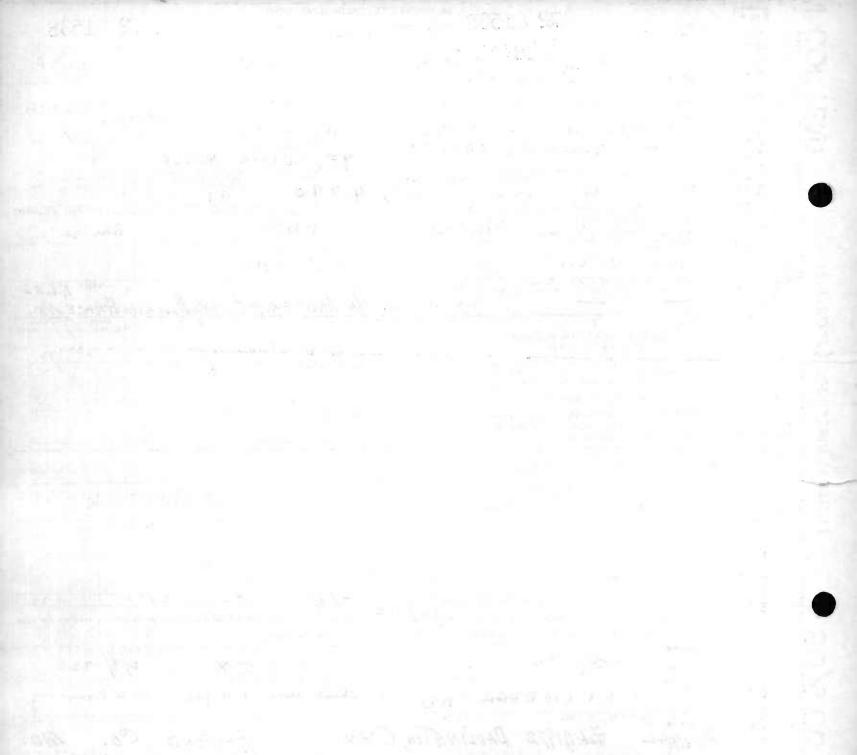


1 21))	~~				PEPARTMENT		72	0153	377
5-36		72 01:	537 CERT	IFICA	TE OF	DEATH	REG. N	0	O.L.O.	27.
BIRTH NO.							AND HOUR OF D	EATH		
(Type or Print)	FETZ The	ORA E	2				2/943	12	1	9 45 AM.
3. PLACE IN BA	LTIMORE, MARYLAND	WHERE PRO	NOUNCED DEAD		A. STATE	RESIDENCE (W	here deceased live	4. If institution	residence be	efore admission)
FULL NAME OF	(IF NOT IN HOS	SPITAL OR INS	TITUTION, GIVE ST	TREET	Md.				13	300
NOTITUTION	7001233 011 21				C. CITY O		0	. INSIDE CITY	14.	
18					Balt	AND NUMBER		YES	A NO	
Maryl	land Gener	al Hos	p.			Keswi				
S. SEX	6. RACE	7- MARRI	ED NEVER MAI	RRIED _	B. DATE O		9. AGE (In year lost birthday)	s If Un		Under 24 Hrs.
F	W	WIDOW	ED DIVO	RCED .	Feb. 2	0,1912	59			
	UPATION (Give kind of working life, even if refin		OF BUSINESS OR	INDUSTRY	11. BIRTHP	ACE (State of f	oreign country)	12, C	TIZEN OF W	HAT COUNTRY?
Housev		-		_	Md				USA	
3. FATHER'S NA					14. MOTH	ER'S MAIDEN N	AME			-
	Unknown]	Neller			
5. Was Decease Yes, no or unknow	d Ever in U. S. Anned	Forces?	el SECURITY	NO.	17. INFORA	IANT	***		ADDRESS	
No					Augu	stus Ge	etz - 3440) Kesw	ick Ro	
1B. / /-	/91		CAUSE	OF DEATH	i	Λ	. 1 -1	0		MATE INTERVAL
DISEA	SE OR CONDITION	DIRECTLY	Con	icen	com	a get t	trespor	nach	DE! WEEN O	A DEATH
	LEADING TO DEA	The second second	CANIMA	EDIATE CAU	SE N	www.	(Code	4	16	menules
heart failure	nat mean the mode, asthenia, etc., it me	of dying, e	DUE		CONSEQU	ENCE OF:	and	V		
	mplication which cau			. ^	Λ .	~	1 1-			
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DISEASES	OR CONDITIONS,	if any, givi	ing (B) DUE	TO, OR AS	A CONSEQ	UENCE OF:				
rise to ti	he above cause (lhe				1			
O. T. D. C. L. C.	44		(c)							
Z OTHER SIGN	II IFICANT CONDITIONS	CONTRIBUTION	G						1	
TO THE DEA	TH BUT NOT RELATED T	O THE TERMINA	AL							
U 19A. DATE O	CONDITION GIVEN IN	ONDITION FO	R WHICH OPERAT	ION	20A. AL	TOPSYT (Yes of	Nol 208, IF YES,	WERE FINDING	S CONSIDE	RED
OTHER SIGNI TO THE DEA DISEASE OR 19A. DATE O	WAS	PERFORMED				yes	IN CERTIFYIN	G CAUSES O	F DEATH?	
U 21A. ACCIDI	ENT WAS UNDERLYING CAUSE OF	0	21B. PLACE OF INJ	URY (e.g., in	or obout 2	C. WHERE DID	(If In B	oltimore City,	give exact loca	ation)
DEATH (notified of injury	y medical examined		elc.)	, siece or	ace orogalis	OCKI OCCOR				
OF INJURY	(Month) (Doy) (Ye	ood (Houd	21 & INJURY OCC		-	F. HOW DID	NJURY OCCUR?			
(APPROX.)			While At	Not While						
22. I certif	y that (1) (this hosp					19	19/2/10	Feli	usey "	7 19 7 2
	lost saw the dece		-	Present	9 10	72		Variation d	1	7
			1	7			that in (my) (ou	cy opinion a	BOTH OCCUPY	ed on the dole
23A. SIGNAT	nd from the couses	stoted obove	(I) (Me) (qid) (dld not) v	lew the be	dy ofter deat	h.	laan n	ATT FICALED	
237. 3101141	0.4			Atte	nding [Med.	Stoff D	236, 0	ATE SIGNED	
1	olas lil!	Mrs V	1. D.	Phys		Director L	Phys.	d	19/1	
NAME	(Type)				23D. ADDRI			1	/	
	Iven Lef		M.D.	DEGREE	Md.	Genera	al Hosp.	127		
24A. BURIAL CR REMOVAL	EMATION, 24B. DATE	240	NAME OF CEMET		MATORY	24D	LOCATION	(City, town	or county)	(State)
Burial	- 1-	2/72 1	Lake Vie	w Mem	. Par	k Ca	arroll Co	0	N	Id.
25A. DATE REC'										
	D BT HEALTH DEPT.	25B NAM	E OF REGISTRAR			NERAL DIRECT	OR		ADDR	
FFR14	D BT HEALTH DEPT.	258, NAM	OF REGISTRAR	1	25C. FL	NERAL DIRECT	o. Funeral I		ADDR	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was 60.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

72 04	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	.538 CERTIFICA	TE OF DEATH	REG. NO	72 01538
I. NAME OF DECEASED Type or Print ORR JOHN	OLIVER	2. DATE AN	HOUR OF DEATH	7.15-P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il in	stitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR INSTITUTION	ASTITUTION, GIVE STREET	TALYLAND C. CITY OR TOWN	> HAFI	DE CITY LIMITS?
	HOSPITAL	ABERDE	EN	YES NO NO
30 100 M BROAD WAY	BALTIMBRE	E. STREET AND NUMBER	R AVENUE	
M WIDO	RIED NEVER MARRIED DIVORCED	4/7/9 0	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired) Retired Oviler Fireway	D OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN OF WHAT COUNTS
John O. Orr		14 MOTHER'S MAIDEN NA. Swale Litt		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) III yes, give war or dotes of serv	ice) 16. SOCIAL SECURITY NO.	Mr. ANDREW. H	RURNS H.	ADDRESS R.D.#2
18. 5 / 9 9	CAUSE OF DEAT	H	WAN ENLINES	REGETTACE / YID . APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAL	ISE G. D. BL	alling	BETWEEN ONSET AND DEAT
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	DUE TO OP AS	A CONSEQUENCE OF:		
injury or complication which caused death.)			9	
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if any, glasse to the above cause (A) stating UNDERLYING CONDITION last,	ving DUE TO, OR AS the (C)	A CONSEQUENCE OF:		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (a).	NG			***************************************
DISEASE OR CONDITION GIVEN IN PART 1 (A). 17A-DATE OF OPERATION 19B CONDITION 1 WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or Ne	208. IF YES, WERE IN CERTIFIING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(II to Boltimore	e City, give exoct location)
21D-TIME IMonth) IDoy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attend	ed the deceased from	9/6/	19 7 L to 2	/4/ 19.72
that (i) (we) last saw the deceased alive	on 2/8/73			nion death occurred on the do
ond hour and from the causes stated above	e. (1) (We) (dld) (did not) v			
23A. SIGNATURE		1.		23B, DATE SIGNED
- Software	DEGREE Phys		Shaff Phys.	2/8/12
23C.PHYSICIAN'S NAME ITYPE S. P. GLAD H		Church Itome	+ Horfidel	(00 N. Droadway
BURIAL CREMATION, 24B. DATE 24 BURIAL Teb. 111972		MATDRY 24D. LO	HARFORD	y, town, or county) (Stole)
FEB14 1972 July 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		arra Grace Md-
VS 150-REV. 1/1/68				



25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO. 72 01539 BIRTH NO 1. NAME OF DECEASED 2. DATE Known K Month Yeor Hour (Type or Print) OF Rosanna McIntosh 2 Estimoted 11 72 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Dov Yeor Hour PRONOUNCED DEAD 72 **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 11 4:50 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) 1525 N. Caroline St. A. STATE B. COUNTY Md. 7. RACE C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED female Negro Balto. WIDOWED DIVORCED _ NO YES Il Under 1 Yr. If Under 24 Hrs. 9. DATE OF BIRTH 10. AGE (In veors E STREET AND NUMBER lost birthdoy) Months, Doys, Hours, Min. 18 03 68 1525 N. Carroline St. 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) usewa 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 18. INFORMANT ADDRESS (Yes, no or unknown) (if yes, give wor or dotes of service) 215-01-2392 Am ANDA Garrison. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTI 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED no 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? < 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. Inspection Autopsy 1 certify that I held on Inquiry ond that on this basis, death In my opinion resulted fram: Natural couses XX Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE. 2/12/72 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Peter Lipkovic, M.D. NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

258. NAME OF REGISTRAR

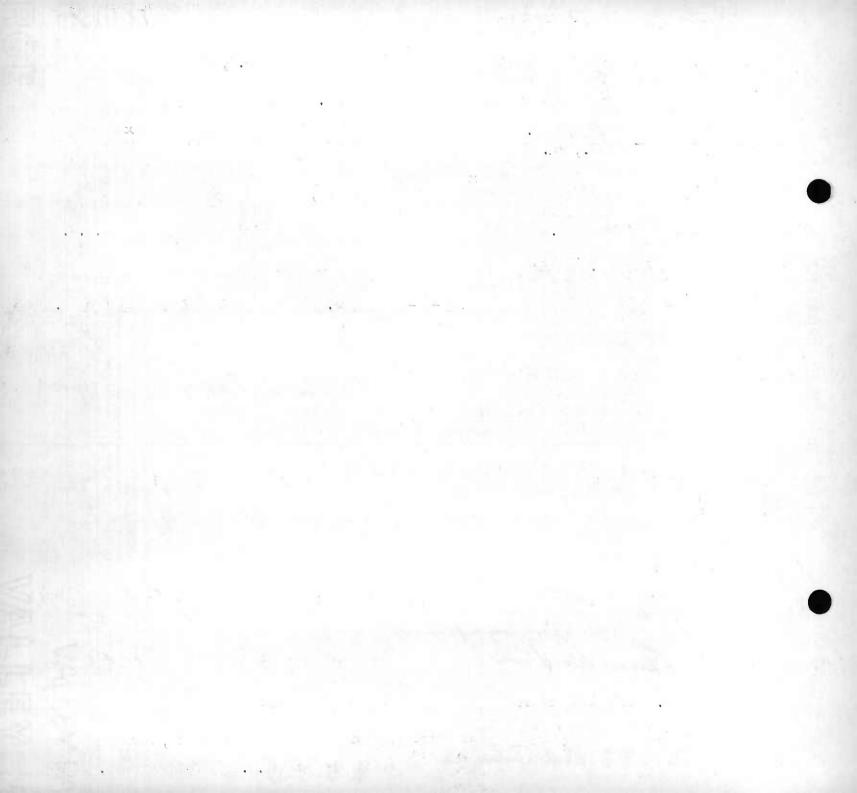
a. a. County, me

25C. FUNERAL DIRECTOR

ADDRESS

uniform S. A. Exel Fresh Willow A- Water H and a sent to and of come and to the comment to the record had not without alternatively Store that were the

TRIEND TO 1540 CERTIFICATE OF DEATH REG. NO. 72 01540 CERTIFICATE OF DEATH REG. NO. 72 01540 CERTIFICATE OF DEATH REG. NO. 72 01540 L. DATE AND HOUR OF DEATH Feb. 9, 1972 L. DATE AND HOUR OF DEATH Feb. 9, 1972 L. DATE AND HOUR OF DEATH Feb. 9, 1972 L. DATE AND HOUR OF DEATH Feb. 9, 1972 L. DATE OF DEATH R. COUNTY R. ADSTALL OR R. COUNTY R. ADSTALL R. COUNTY R. ADSTALL OR R. COUNTY R. ADSTALL OR R. COUNTY
RET NO. ANAME OF DELEASED TOUR ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD ULL NAME OF OF ORDITION OF STREET ADDRESS OR LOCATION! 3723 Leo St. Balto., Md. 2126 SEK BALTO., MG. 2127 BALTO. SERIET AND NUMBER 3723 Leo Street Months: Days Hours Min. Months: Shalt Day Hours Min. Months: Shalt Day Land Frencis SECURITY OF DEATH SECURITY MARKED AND ALL COMMAND ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving rise to the obove couse (A) sloling libe UNDERTING CONDITION OF MIN. PART I.A. SOLID SEASE OR CONDITIONS, if only, giving rise to the obove couse (A) sloling libe UNDERTING CONDITION OF MARKED TO HOURS AND ALL COMMAND ANTECEDENT CAUSES DISEASES OR CONDITIONS, if only, giving rise to the obove couse (A) sloling libe UNDERTING CONDITION OF MIN. PART I.A. SOLID SEASE OR CONDITION OF MIN. PART I.A.
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DUE NAME OF OPERATION OF ADDRESS OR LOCATIONS 3723 Leo St. Baltimore E. STREET AND NUMBER 3723 Leo St. Model Mite White MIDOWED DIVORCED DIVORCE
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SEX Balto, Md. 21226 SEX Balton, Md. 21
Baltimore YES NO
SEK G. RACE Married Never Married DIVORCED DIVORCED Married DIVORCED D
SEX
SEX
Male White WIDOWED DIVORCED May 6, 1917 54 A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) Months; Doys Hours Min. Min. Months; Doys Min. Months; Doys Hours Min. Months; Doys Ho
A JUSIA OCCUPATION (Give kind of workflob, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) mansportation Dept. Bethlem Steel West Vinginia 14. MOTHER'S MAIDEN NAME LASTONEY West Vinginia 14. MOTHER'S MAIDEN NAME LASTONEY West Vinginia 15. SOCIAL SECURITY NO. 235-10-8880 Maj. Thelma Fenris (Wife) 3723 Leo St. 2122 APPROXIMATE INTERVA BETWEN ONSET AND DE. APPROXIMATE INTERVA
A JUSIA OCCUPATION (Give kind of workflob, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) mansportation Dept. Bethlem Steel West Vinginia 14. MOTHER'S MAIDEN NAME LASTONEY West Vinginia 14. MOTHER'S MAIDEN NAME LASTONEY West Vinginia 15. SOCIAL SECURITY NO. 235-10-8880 Maj. Thelma Fenris (Wife) 3723 Leo St. 2122 APPROXIMATE INTERVA BETWEN ONSET AND DE. APPROXIMATE INTERVA
ADDRESS Was Deceased Ever in U. S. Amed Forces? Wos Deceased Ever in U. S. Amed Forces? Expo or unknown lift yes, give war or dottes of service) Yes Will It yes, give war or dottes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follows, injury or complication which coused dooth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling like UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR OPERATION OF ADATE OF OPERATION 120. A AUTOPSY? (Yes or No) 221. A ACCIDENT WAS UNDERLYING OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OTHER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED 221. A COLDENT WAS UNDERLYING OR AS A CONTRIBUTING OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OTHER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED 221. A ACCIDENT WAS UNDERLYING OR AS A CONTRIBUTING OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OTHER SIGNIFICANI CONDITION FOR WHICH OPERATION WAS PERFORMED 221. A ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR AS A CONSEQUENCE OF: OR CONTRIBUTING OR
Sidney L. Ferris Wos Deceased Eve in U. S. Armod Forces? Sequent in U. S. Armod Forces. Sequent in U. S. Armod Counting In U. S. Ar
Sidney L. Ferris Was Deceased Eve in U. S. Armed Forces? Sequently No. 235-10-8880 Mrs. Thelma Ferris (Wife) 3723 Leo St. 2122 APPROXIMATE INTERVALENCE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH DISEASE OR CONDITIONS, if only, giving rise to the obove couse (A) stoling like UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION INFO NEW IN EXERCISED TO STATE OF DEATH OTHER SIGNIFICANT CONDITION OF THE TERMINAL DISEASE OR CONDITION INFO NEW IN PART I (A). 121. INFORMANT CAUSE OF DEATH CONTRIBUTING DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH (B) CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH (C) CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEA
SECURITY NO. 235-10-8880 Mag. The Ima Ferris (Wife) 3723 Leo St. 2122 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follure, ostheria, etc.) I mode of dying or complication which caused dooth, ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving isse to the obove cause (A) stoling the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION ROYEL TO THE TERMINAL DISEASE OR CONDITION ROYEL TO THE TERMINAL DISEASE OR CONDITION PART I (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) MIJURY OCCUR? DEATH (notify medical examines) 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) MIJURY OCCUR? While AI Not While AI Not While AI Work Vork 221. I certify that (I) (this-MSSpital) attended the deceased fram PC C 2 19 7 to 9 7 B B 19 7 To 19 7
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(APPROX.) While At Work Not While At Work 22, I certify that (I) (this hospital) attended the deceased from DCC 2 1957 to 9 FEB 1972
22, I certify that (1) (this hospital) attended the deceased fram DC 2 1957 to 9FEB 1972
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that (1) (we) last saw the deceased alive an 6 FCC 19 72 and that In(my) (ayr) apinian death accurred an the c
and have and fram the causes, stated above. (1) (We) (did) (did hat) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED
Blue am / Sledam Attending Med. Staff 10 Feb-72
DEGREE
23C.PHYSICIAN'S NAME (Typel
HAME 1779
Dr. Benjamin Berdann DEGREE 615 Hammonds Lane A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, town, or county) (Stote
Dr. Benjamin Berdann DEGREE 615 Hammonds Lane A. BURIAL CREMATION. 24B. DATE 24C.NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote
Dr. Benjamin Berdann DEGREE 615 Hammonds Lane A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial 2/12/72 Glen Haven Cemetery. Glen Bunnie. Manufand
Dr. Benjamin Berdann DEGREE 615 Hammonds Lane A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 2/12/72 Glen Haven Cemetety Glen Burnie, Manyland PASE READ SHAPELTH DEPT. 2 (255 NAME OF BEGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
Dr. Benjamin Berdann DEGREE 615 Hammonds Lane A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial 2/12/72 Glen Haven Cemetery. Glen Bunnie. Manufand



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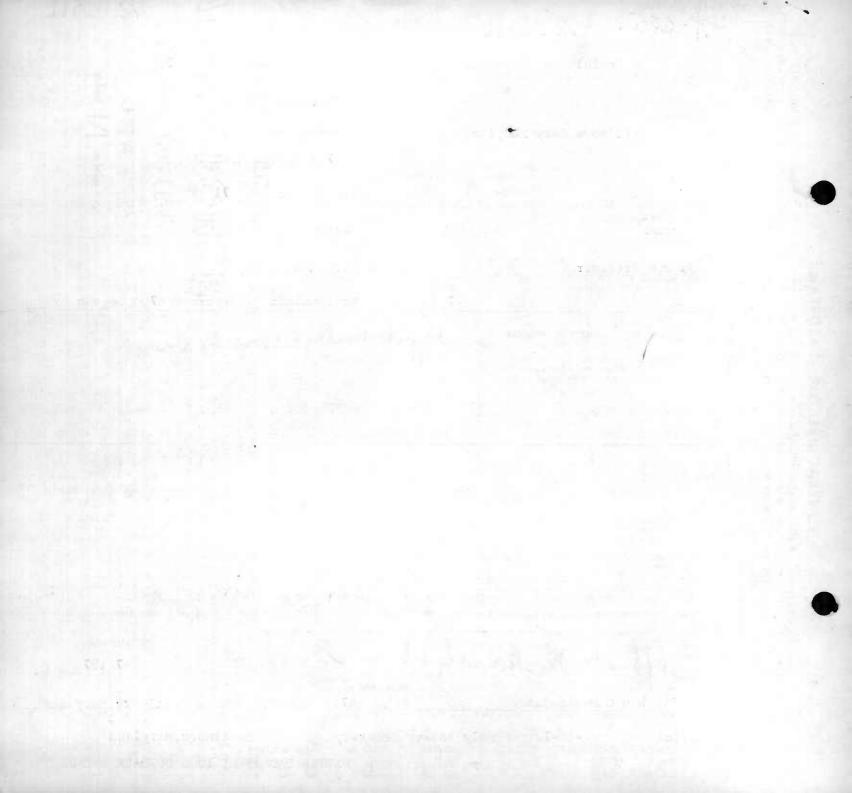
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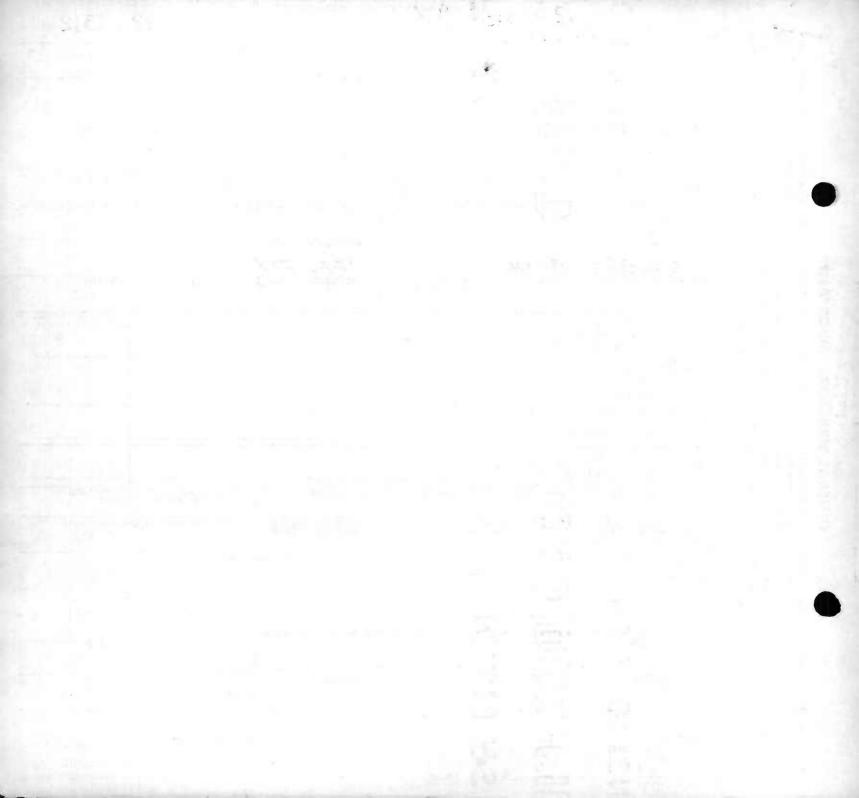
ng cause of death cause; (5) Deceased

	1		BALTIMORE CITY	HEALTH DEPARTMENT		72	01541
K-625	72	1541	CERTIFICA	TE OF DEATH	REG. NO	. fre	O* A 44
NAME OF DECI	EASED			2. DATE A	ND HOUR OF DEA	ATH	2 1
ype of rillin	Dominic G	Kreczmer		Febu	ary 7 19	72	2 A
. PLACE IN BALT	TIMORE, MARYLAND, W	VHERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. NTY	It institution: res	idence betare odmissia
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	TAL OR INSTITUTION	ON, GIVE STREET	Maryland C. CITY OR TOWN	D.	INSIDE CITY LIN	AITS?
31 Ba	altimore City	y Hospital		Baltimore E. STREET AND NUMBER		YES 🔀	NO 🗌
				6708 Boston			
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under Months: I	1 Yr. If Under 24 Hr Doys Hours Min.
M	W	WIDOWED	DIVORCED [July 25 1900	71		
	IPATION (Give kind of wor	k 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZI	N OF WHAT COUNTI
	vorking life, even if retired)	Chinni	ina	Dolhimana Mi			
Seaman	AE	Shippi	riig	Baltimore, Md	AAE		
FATHER'S NAN	A E			14. MOTHER'S MAIDEN NA	WE		
Joseph H	Kreczmer			Mary Anna Kri	eger		
. Was Deceased	Ever in U. S. Armed Fo.	rces? 16	SOCIAL	17. INFORMANT	-0		ADDRESS
es, no or unknown)	(If yes, give wor or dote		SECURITY NO.		3551	4940	
no		2	17 14 5089	Mrs.Dominic G	. Kreczmer	6708 Bo	ston Avenue
(This daes n heart failure, injury ar cam A DISEASES O	LE OR CONDITION DI LEADING TO DEATH at mean the made of asthenia, etc. II means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) of CONDITION last.	dying, e.g., s the disease, d death.) S any, giving	(B)	A CONSEQUENCE OF:	stuly D	eslest	
TO THE DEAT	II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAI	THE TERMINAL	.00000000000000000000000000000000000000				
19A. DATE OF	OPERATION 198. CON	NDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or I	208. IF YES, W	CAUSES OF D	CONSIDERED EATH?
OR CONTRIBU	TING CAUSE OF medical examiner	21 B. PL. home, etc.)	ACE OF INJURY (e.g., i form, factory, street, at	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(tf in Bol	timare City, give	exact location)
	(Month) (Day) (Year)		JURY OCCURRED		JURY OCCUR?		
21 D. TIME OF INJURY (APPROX.)		While Work	At Work	□ ,			
OF INJURY				□ ,			

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) Holy Rosary Cemetery
25B. NAME OF REGISTRAR 25C. 2-10-72 Baltimore, Maryland Burial 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS WALTER DABROWSKI 1005 DUNDALK AVENUE VS 150-REV. 1/1/68

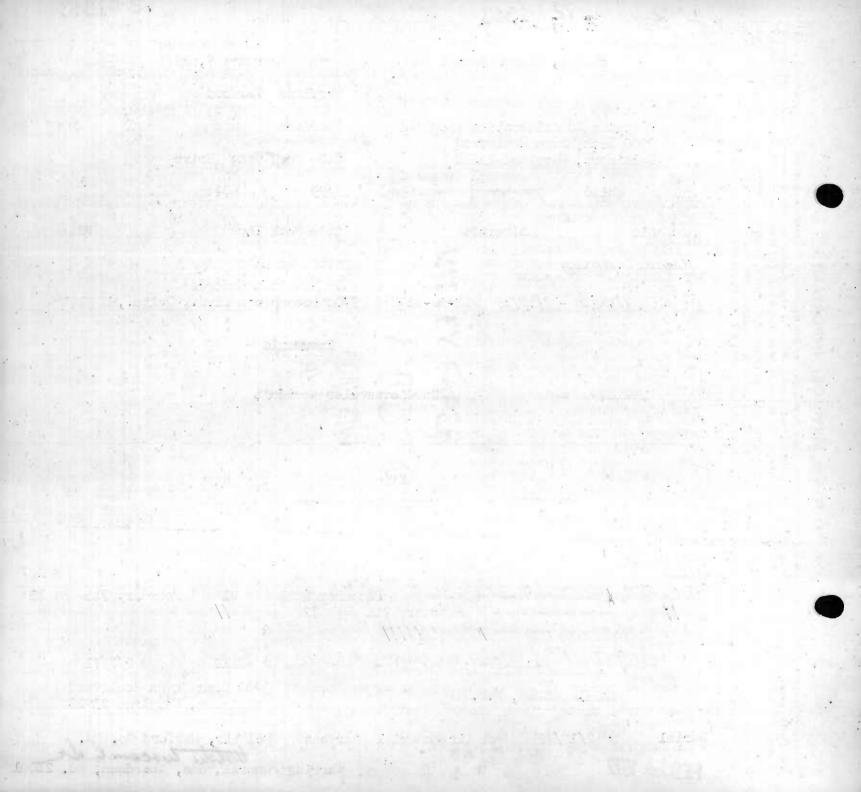


2	BALTIMORE CITY	HEALTH DEPARTMENT		20 01212
D-500 72 01542	CERTIFICA	TE OF DEATH	REG. NO	72 01542
1. NAME OF DECEASED Type or Print VELVIN E. BOAT	V		HOUR OF DEATH	1540 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNT	decoosed lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION) ADDRESS OR LOCATION) MARYLAND GENERAL H		C.CITY OR TOWN BALTIMORE		SIDE CITY LIMITS? YES NO NO
BALTIMORE, MO.		E. STREET AND NUMBER 6700 Huos	ON STRE	ET
S. SEX G. RACE AU. 7. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9	AGE (In years part birthday)	If Under 1 Ys. If Under 24 Hrs. Months Days Hours Min.
dane during most of working life, even if settred) CLERK RA	OF BUSINESS OR INDUSTRY	South CAROL		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
CHARLES BOAM 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no prunknown) Uf yes, give war or dates of service	I 6 SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service	security No. 243-01-6557	. 1	A BOAN	SAME
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	(a) IMMEDIATE CAL DUE TO, OR AS (b) DUE TO, OR AS (c) (c)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or No) /// // // // // // // // // // // //	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
E OF INJURY	TE INJURY OCCURRED While At Not While At Work	215 HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this heapital) attended that (1) (we) last saw the deceased alive an	egitiph			FEBRUARY 19 72 pinion death accurred on the date
and hour and fram the causes stated abave.	(1) (We) (did) (did not)	view the body after death.		
Harry Whalf	MO DEGREE Phy	anding Med. Director Director	Staff Phys.	238, DATE SIGNED 2/7/72
23C. PHYSICIAN'S NAME ITYPE! HARRY A. SPAL	MO OEGREE	23D. ADDRESS MARYLANO GER	ERM HOS	SP, BALTO, MO.
REMOVAL (Specify)	ak Lawn Cemeter		timore, Mar	City, tawn, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 258 NAM	of registra	25C. FUNERAL DIRECTOR		DUNDALK AVENUE

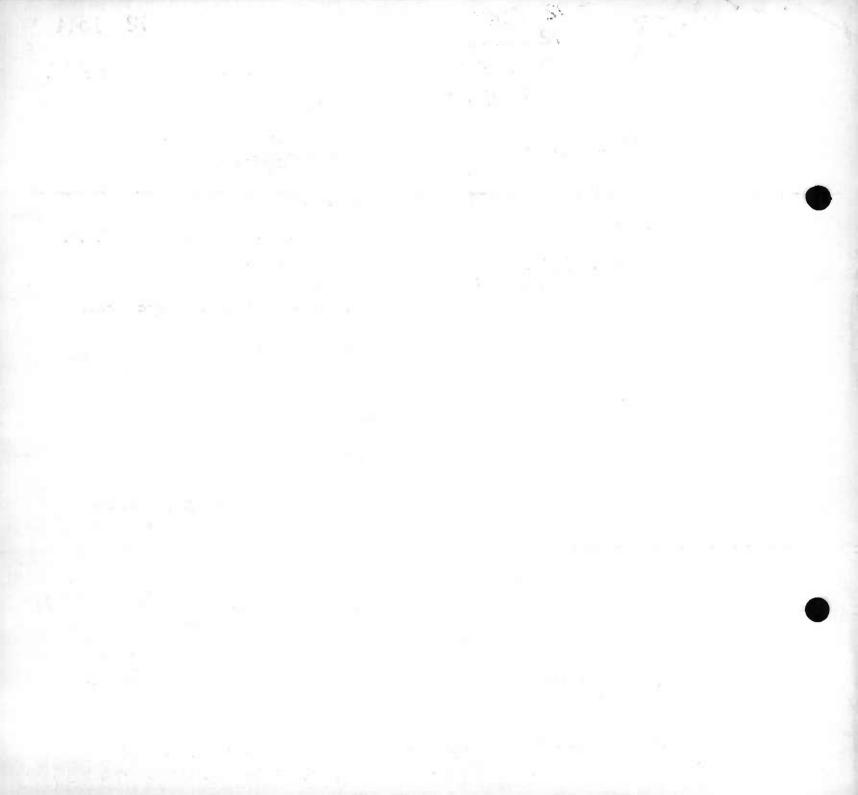


FUNERAL DIRECTOR: IMPORTANT

	AME OF DEC	EASED			2. DATE	AND HOUR OF D	DEATH
Тур	e or Print)	KELLEY,	Edward S	Samuel	Fe	bruary 7,	1972
	L NAME OF	TIMORE, MARYLAND, W	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (ed. If institution: residence before admissi
HO	SPITAL OR TITUTION	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	0	D. INSIDE CITY LIMITS?
		eterans Admin	istratio	on Hospital	Aberdeen		YES X NO
)	39	000 Loch Raver	n Bouler	vard	E. STREET AND NUMBE	R	
	Ba	altimore, Mar	yland 2	1218	2126 Park	Beach Dri	ve
. s	EX	6. RACE	7- MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday)	rs If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.
	Male	White	WIDOWED		9/16/99	72	2073
JA.	USUAL OCC	UPATION (Give kind of world	k 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNT
one		working lile, even if retired)	0.5 20 020	- v+	Titala Deale	Tana	TICA
3. F	mechani		aircra	ar c	Little Rock 14. MOTHER'S MAIDEN		USA
		L. Kelley		11 (000)	Martha Sch		
		(If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT HOSPIT	al Records	ADDRESS
	yes	7/11/18 - 7/	/18/19	214-01-3107			, Balto.,Md 21218
	18.///	1/ 1	, .	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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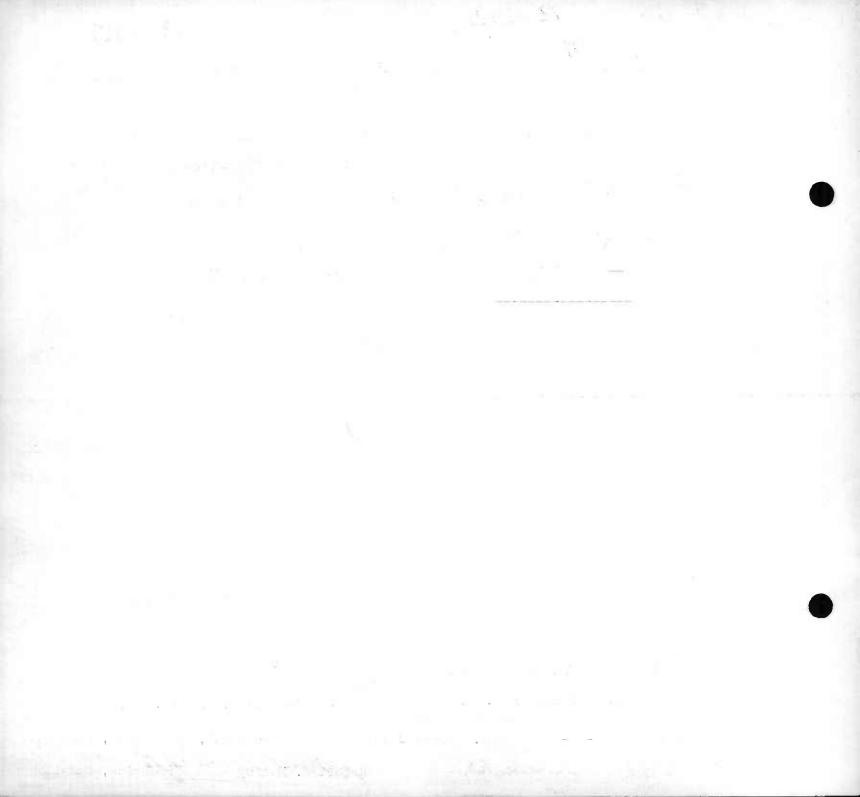


Type or Print	DECEASED	1		TE OF DEATH	D HOUR OF DEATH		
3 PLACE IN	BALTIMORE, MARYLAND, V	ia M. Sch		1 /eb.	. 6,1972	10:45	P
FULL NAMI HOSPITAL C INSTITUTION	E OF (IF NOT IN HOSPIT	TAL OR INSTITU	TION, GIVE STREET	4. USUAL RESIDENCE (When A. STATE B. COUN raryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER	IY.	ISIDE CITY LIMITS? YES A NO	land on
. SEX	6. RACE	7. MAPPIED	NEVER MARRIED		9. AGE (In years	If Under 1 Ye II Un	la. 24 V.
temale		WIDOWED	DIVORCED	Oct. 2.1886	last birthday)	If Under 1 Yr. II Un Months Days Haus	Min.
one during m	ne raken me raken	k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or farei	gn country)	12. CITIZEN OF WHAT	COUNTR
	harles F. Biggi			14. MOTHER'S MAIDEN NAM Delia H			
5. Was Dece res, no or unk	nosed Ever in U. S. Armed For nown) (If yes, give wor or dote	rces? es al service)	SECURITY NO.	17. INFORMANT An. Henry Schmid	idt-5445 1	Force: Road nue	
(This do	SEASE OR CONDITION DI LEADING TO DEATH es not mean the mode of lure, asthenia, etc. It means complication which caused ANTECEDENT CAUSES	dying, e.g., the disease, deoth.)	(A)IMMEDIATE CAU	Smaly Carden Versch	Discons	APPROXIMATE BETWEEN ONSET 5 YW	
DISTACE			(R)				
rise lo	S OR CONDITIONS, if the above cause (A) YING CONDITION last.	any, giving sloting the	(C)	A CONSEQUENCE OF:	***************************************		
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other SI	the above cause (A) YING CONDITION last. II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO TO	NTRIBUTING HE TERMINAL RT 1 (A).	(c)	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	72 01545 BALTIM	AORE CITY	HEALTH DEPARTM	ENT			
BIR	MINO. CERT	TIFICA	TE OF DEA	TH	REG. NOTZ	0154	5
	AME OF DECEASED	17		ATE AND	HOUR OF DEATH		4
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Suck		Z - /	deceased lived. If ins		A
" '	TAGE IN PALITINGE MAKIEAND, WHERE PRONOUNCED DEAD		A. STATE	COUNTY	deceased lived it ins	fillution: teside	nce belate admission
Ho	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S ADDRESS OR LOCATION)	TREET	C. CITY OR TOWN	and	D. INSI	DE CITY LIMITS	30
1	Keswick			1016	2	YES Z	NO 🗌
	71		E. STREET AND NUA	MBER	~ I -		1 11
5. S	EX 6. RACE 7. MARRIED 1 ALCUED MA		DATE OF BIRTH	+0 TT	Street.		1211
	T. While WOODWERT DIVO	RCED	6-10-18	37/ los	AGE (In years I birthday)	II Under 1 Y Months Doy	B Hours Min.
Aon	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR during most of working life, even if refired)	INDUSTRY	11. BIRTHPLACE IStole	or foreign	country)	12. CITIZEN	OF WHAT COUNTR
1	Xousewice None		Drary	and		4.	5.a.
13.	FATHER'S NAME		4. MOTHER'S MAID	EN NAME			
	Daniel & Buckey		hauten	KI	Dutt		
15. V	Nos Deceased Ever in U. S. Armed Forces? 16. SOCIAL		7. INFORMANT	11.3	ouncea		DRESS
	no or unknown) III yes, give wor or doles of service) SECURITY 224-65	NO.	· .	i	0.4	Sa	me as
	18. // // CAUSE	OF DEATH	1 ESWICE	A	econt s	I API	PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	1 1					EEN ONSET AND DEAT
	LEADING TO DEATH	EDIATE CAUS	12036 16408	315		- S	S months
			CONSEQUENCE OF:		****************		
	injury or complication which coused death.)						
1	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, it any, giving nise to the obove cause (A) stoting the	TO, OR AS	CONSEQUENCE OF:				***************************************
	UNDERLYING CONDITION lost. (C)		***********************				*****
	ll en						
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	TION	20A. AUTOPSY? (Ye	a ar Nall '	NO IS YES MITTER	NDWS COA	UCID PRED
CERTIFI	WAS PERFORMED	IION	ZVA. AUTOPSTATIO		N CERTIFYING CAU	SES OF DEAT	H?
8	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, foctory	URY le.g., in	or obout 21 C. WHERE	DID	(If In Boltimore	Cliv. give exc	et location)
₹	OR CONTRIBUTING CAUSE OF home, form, foctory DEATH (notify medical examine)	, street, alfi	ce bldg., INJURY OCC	CU R?			
2	21D. TIME IMonth) (Doy) (Year) (Hour) 21& INJURY OCC	URRED	21 F. HOW D	ID INJUR	Y OCCUP?		
٤	OF INJURY (APPROX) While AI	Not While					
	Work LJ	At Work	20 Mar	. (13 11	FER	777
	22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased alive an	trom	0.5		63 to 1	164	19 72
- 1					in(my) (our) apin	lan deoth oc	curred on the dot
	and have and from the causes stoted abave (1) (We) (did) (23A. SIGNATURE	did nat) vi	ew the bady after d	leath.		200 DAYE 616	
		Atten	ding Med.	□ Sto		23B, DATE SIG	0 -05
	Cliker D Lebordhy Col.	EGREE Phys.	D. ADDRESS	L3 Phy	off C	7 fe	21710
	23C.PHYSICIAN'S NAME (Type) D. Richardson M. D.			h Str	ost Balta	Ma	21211
24A		DEGREE	•			Md.	21211
	REMOVAL (Specily)			24D. LOC.		odoniok	
26 4	Burial 2-10-1972 Mt. Olive	et Ceme		1. 1.	erick, Fr	2 //	, Maryland
23A	B14 1972 July & Realth Dept.	3 17	2SC, FUNERAL DIS	73 2//	Spiles		Maryland
Ш	DTM BIC Accords or Accorded and the	100	Robert E.	pathe	SOIL	eder ick	, mai y actio



IMPORTAN

DIRECTOR:

VS 150-REV. 1/1/68

all a 3. 1. SV

C-636	72 01547			HEALTH DEPARTMENT		72 01547
BIRTH NO.	IN CIUTI		CERTIFICA	TE OF DEATH	REG. NO	12 01011
1. NAME OF DECE	Isreal //	7			ND HOUR OF DEATH	
3. PLACE IN BALTI	MORE MARYLAND, WHERE	PRONOUN	CED DEAD	14 USUAL RESIDENCE (Who	ary of, 19	72. M
3.6				A. STATE & COUN	NTY	istitution; tesidence before admission)
FULL NAME OF HOSPITAL OR	IF NOT IN HOSPITAL O	R INSTITUTI	ON, GIVE STREET	ma		15 30
MOTUTITANI				C. CITY OR TOWN		IDE CITY LIMITS?
4				E. STREET AND NUMBER		YES NO NO
Lithe	race Hrabe	tal.		1 mile : 1 60 1	ince an	
5. SEX 6	RACE / 7. M	ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	
Wale.	Negro wil	OOWED	DIVORCED	9-12-99	72.	If Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
dane during most of wa	ATION (Give kind of work 108, orking life, even if refired)	KIND OF BE	USINESS OR INDUSTRY	11. BIRTHPLACE Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
Retire	ed			Virginia		USA
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME	
James &	arter		-	Monada		
5. Was Deceased E	ver in U. S. Armed Forces? If yes, give war or dates of :	110	S. SOCIAL	Mennie Jack	cson	ADDRESS
No	It yes, give wor or dotes of t		SECURITY NO.			
18. 7 2	2 7 1	- 4	212-01-8469 CAUSE OF DEAT	Mr. Russell M.	<u>. Carter 53</u>	00 The Alameda
DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COLUMN DISEASE OF COLUMN DI	CONDITIONS, if any, above cause (A) station (CONDITIONS) and condition (CONDITION (CONDITION) (CONDITI	giving ng the UTING MINAL	(c) Hs cencle	A CONSEQUENCE OF: Ly Colon. 20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED USES OF DEATH?
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	NGI I CAUSE OF	home,	form, foctory, street, of	fice bidg., INJURY OCCUR?	(II In Boltimer	e City, give exoct location)
21D. TIME (Month) (Day) IYear) (Hot	10 21E IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While	At Not White	· n		
22 1	at (I) (this hospital) atte	AAOAK	AT WOR			N2 - Wa 10
		^				19
	st saw the deceased oil				at in (my) (our) opi	nion deoth occurred on the date
23A. SIGNATURE	rom the causes stated at	ove. (I) (Me) (did) (did not) v	lew the body ofter death.		
23A SIGNATURE	11-01-		Aug	oline and —	C. # —	23B, DATE SIGNED
	+ hondalif		WI- D DEGREE		Staff Phys.	2-4-72
NAME (Type	s el			3D. ADDRESS		
24A. BURIAL CREMA REMOVAL (Spe	ATION, 248. DATE	24C. NAMI	OEGREE E of CEMETERY OF CRE	MATORY 124D. 14	CATION (Cit	y, town, or county) (State)
D						
Burial	2-8-72 T HEALTH DEPT. 1258. N	Mt. C	alvery Cemet	A. A. PAC. FUNERAL DIRECTOR	A. Co. ,Mary	yland
(1		O A CI	220 0.0	POG PUNERAL DIRECTOR		ADDRESS
/S 150-REV. 1/1/68	174 ALC 100	3e. 8 E.	Jaiber, M.D.	Arlington's.	Phillips 17	_{27 N.} Monroe Street

Their St 1. 1. 51

approved

hospital

COUSE

BALTIMORE CITY HEALTH DEPARTMENT 72 01548 REG. NO. CERTIFICATE OF DEATH of death Deceased BIRTH NO. Suci I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BURLEY, MILTON 50 FEB. 5 death. USUAL RESIDENCE I Where deceased lived. If institution residence before admission.

STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD esup A. STATE (4) Undetermined cause; (5) MD BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend BALTIMORF LINIOK MEMORIAL HOSP YES C prior E. STREET AND NUMBER contributing ROSSITER is made. regular 9. AGE (In years lost birthdoy) 5. SEX 6. RACE Il Under 1 Ys. Months: Doys MARRIED NEVER MARRIED pespese WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? disposition E done during most of working life, even if refired) MARYLAND ETTER CARRIER Government Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME URIAS BURLEY N DZNHI OC eath HO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL or final SECURITY NO. MRS, JACQUELINEBURLEY attendance 220-12-9434 Ō Yes CAUSE OF DEATH pronounced DISEASE OF CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) P regu MALFORMATION ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF the remains are DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. ල physician Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). No physician 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21& PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exoct location) where hospital MEDICAL DEATH (notify medical examined nature; obtained 21D. TIME OF INJURY (except w (Month) (Doy) (Year) Houd 21F. HOW DID INJURY OCCUR? 21E INJURY OCCURRED Not While While At IAPPROXJ At Work to the any 22. I certify that (1) (this hospital) attended the deceased from 73 that (1) (we) lost sow the deceased alive on 🥞 🦿 : 1150 19 9 and that In(my) (our) opinion death occurred on the date death) hospital ond hour and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 238 DATE SIGNED D Attending | prior to Phys. approval 8 23C. PHYSICIAN'S NAME (Type) 23D, ADDRESS ŧ MEMORIAL DNION AFAT DEGREE D.O.A. deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Baltimore, Arbutus Mem. Park 2-10-72 Maryland MOS 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH 1721 monRes St. VS 150-REV. 1/1/68

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Hours Min.

ABOVE

(Stote)

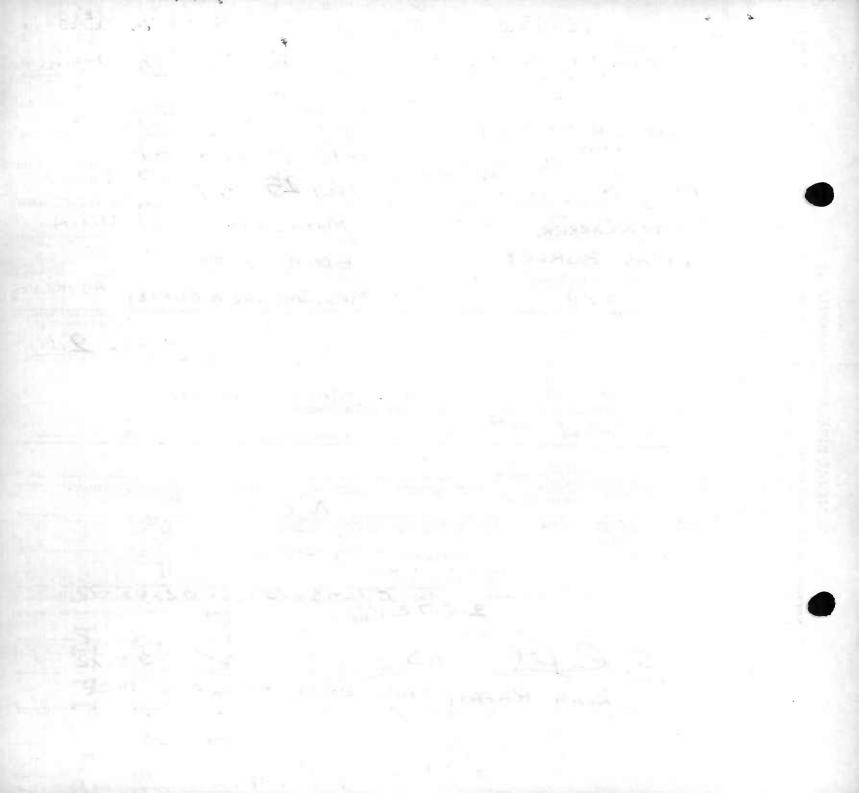
ADDRESS

NO

U.S.A.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH



VS 150-REV. 1/1/68

(Type or Print)	ECEASED		CERTIFICA	TE OF DEATH	REG. NO.	
	Francis M. Haus	(Skotarsk	:1		ND HOUR OF DEAT	
3. PLACE IN I	ALTIMORE, MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WH	bruary II, 19	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION		TAL OR INSTITUTI ATION)		Maryland c.city or town Baltimore E. Street AND NUMBER 5703 Fenwi	D. IN	ISIDE CITY LIMITS? YES X NO
5. SEX	6. RACE	7. 44 A DOLES [V]	Alexandra Control	8. DATE OF BIRTH		
M	Caucasian	WIDOWED	NEVER MARRIED DIVORCED	9/20/17	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Stea	mship clerk	KIUB, KIND OF BU	JSINESS OR INDUSTRY	Baltimore, Mar	A	U.S.Z.
13. FATHER'S N	AME			14. MOTHER'S MAIDEN NA		
John	M. Haus					
15. Was Deceas (Yes, no or unkno	ed Ever in U. S. Armed For wn) (If yes, give wer or dote	ces?	SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W.W.II	a	92-10-5021	Mrs. Lillian Ha	us - 5 7 03 Fe	nwick Avenue
18. / 7	7 X		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		2 2 2		BETWEEN ONSET AND DEATH
(This does	LEADING TO DEATH	4.1	(A) IMMEDIATE CAL	ISE Ten'l Na	4 chiona	our 5 /rs
hearl lailur	nol mean the mode of a, osthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
injury or co	omplication which coused	death.)	1/1-	1 1 2	00	207
	ANTECEDENT CAUSES		(B) hellista	se from pr	liver Dlade	olis hand
DISEASES	OR CONDITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYII	the above cause (A)	stating the	(c)			
	11		(0/			
O THER SIGN	IFICANT CONDITIONS CO	NTRIBUTING				
✓ [DISEASE OR	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	I 1 (A).	*****************		•	
19A. DATE C	OF OPERATION 198. CON WAS PERI	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING DUTING CAUSE OF ly medical examined	21 B, PL/ homa, i	ACE OF INJURY (e.g., in form, factory, street, af	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II in Baltimo	ere City, give exact location)
▼ IDEATH (noti		(Hour) 21 E. IN.	JURY OCCURRED			
DEATH (noti	(Month) (Day) (Year)		DALL ACCOUNTED	21F. HOW DID IN	IURY OCCUR?	
O DEATH (not	(Month) (Day) (Year)	While A	At Nat White	21F. HOW DID IN	IURY OCCUR?	
DEATH (noti		While A	Nal While	· 🗆		
DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. 1 certif	y that (1) (this hospitol	While Wark) attended the c	Nal While	1968	19to	2/10 192
DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we	y that (1) (this hospitol o) last saw the decease	While Wark) attended the a	At D Nat White At Work	196 8 	19to	e/10 19/2
DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif thot (I) (we ond hour o	y that (1) (this hospitol) last saw the decease nd from the couses stot	While Wark) attended the a	At D Nat White At Work	1968	19to	Inlan deoth occurred on the dote
DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we	y that (1) (this hospitol) last saw the decease nd from the couses stot	While Wark) attended the a	At While At Work deceosed from	19.72 ond the lew the body ofter deoth.	19to not in (my) (our) op	Inlan deoth occurred on the dote
OF INJURY (APPROX.) 22. I certif that (I) (we and hour o	y that (1) (this hospital b) last saw the decease and from the couses stat	While Wark) attended the a	Nal While At Work deceosed from	19 7 2 ond the lew the body ofter deoth. Med. Director ISD. ADDRESS	19to not in (my) (our) op Shaff Phys	Inlan deoth occurred on the dote
21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour o 23A. SIGNAT 23C. PHYSICI NAME 24A. BURIAL CR	y that (1) (this hospital b) last saw the decease and from the couses stat URE AN'S Liype EMATION, 1248, DATE	While Wark) attended the of delive on— ed obove. (1) (Wark Hanne (1) 1)70	At Wark At Wark deceosed from /e) (dId) (dId not) v	19 7 2 ond the lew the body ofter deoth. Med. Director D	19to not in (my) (our) op Shaff Phys. []	238. DATE SIGNED Balto 21202 Hd
21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and hour o 23A. SIGNAT 23C. PHYSICI NAME 24A. BURIAL CR REMOVAL BURIA	y that (1) (this hospital a) last saw the decease and from the couses stat URE AN'S Type: 3 7 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	While Wark) attended the cod allve on— ed obove. (1) (Wark Harrie (24C. NAME	Nal While At Work deceosed from	19 7 2 ond the lew the body ofter deoth. Med. Director D	19to not in (my) (our) op Shaff Phys. []	Inlan deoth occurred on the dote 238. DATE SIGNED , Balto 21202 Collins, town, or county) (Stote)

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assented . Ly. of . here

VS 150-REV, 1/1/68



6-346 72 01551 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	72	01551
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BIRTH NO.	S CERTIFICATE OF DEATH REG. NO.	72 ()1551
1. NAME OF DECEASED (Type or Print) James Lee Butler	2. DATE Known Month Doy OF DEATH Estimated	Year Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 2 10 5. USUAL RESIDENCE (Where deceased lived. If institution	72 8:45 A.
1058 Argyle Avenue	A. STATE Maryland B. COUNTY	1753
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	ITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore y	ES NO
9. DATE OF BIRTH 10.AGE (In years Il Under 1 Yr. It Under 24 Months; Doys; Hours; I	Hrs. E. STREET AND NUMBER	
4-4-44 27	1058 Argyle Avenue	Apt. 8B
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Ma. U.S.A.	Isreal Butler	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUdone during most of working life, even if retired)	STRY 15. MOTHER'S MAIDEN NAME	
	Inex Clark	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)((if yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT	DDRESS
	Yvonne Butler same	
19. 304,91 CAUSE OF	DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	ATE CAUSE Intravenous narcotism	and the same of th
heort failure, asthenia, etc. It means the disease.	OR AS A CONSEQUENCE OF:	
injury or complication which coused deoth.)		
ANTECEDENT CAUSES (6)		
	OR AS A CONSEQUENCE OF:	
LINDERLYING CONDITION LAST		Hard State of the Age
(c)		
OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
Z2A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exo office bidg., etc.) INJURY OCCUR?	oct location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 122E.INJURY OCCURR	onice bidg, etc./ hybori occorr	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURR OF INJURY	ED 22F. HOW DID INJURY OCCUR?	
(APPROX)	NOT WHILE AT WORK	
23.		
I certify that I held an Inquiry Inspection	Autopsy and that an this basis, death in my	apinian
resulted fram: Natural causes 🖾 Accident 🗌 Su	icide Hamicide Undetermined manner	
RIADO -	CHIEF MEDICAL EXAMINER	Dave deven
SIGNATURE Charles J. Jungale	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	2-10-72
NAME (Type) Charles S. Springate, M.	D. —	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETI REMOVAL (Saegly) 2-16-72 Arbutus		, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V. Dailey A	DDRESS
		houn Street
FEB14 1972 December 1980 C	1 1 1 1	

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VS 150-REV, 1/1/68

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IMPORTANT

FUNERAL DIRECTOR:

1	16-575	BALTIMORE CITY	HEALTH DEPARTM	ENT		
	72 01554	CERTIFICA	TE OF DEA	TH REG. NO	72 01554	
	1. NAME OF DECEASED			ATE AND HOUR OF DEAT		
•	// /	ERTIWA		2/11/72	1:00 a.	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE	E IWhere deceased lived. If	institution: residence before admission)	
3	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) George Washington Nursong Home		Baltimo		1502	
			Mary 1 and	D. 1N	ISIDE CITY LIMITS?	
9	607 Pennsylvania Avenue			E. STREET AND NUMBER		
6	Baltimore, Maryland 21201		1532 N. Appleton Street			
Jad		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.	
is m	Female Negro WIDOWED		9/31/1896	Josephirthday S.	Months Doys Hours Min.	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND O done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY	
itio	Domestic Worker Domestic NONE		Maryland		U.S.A.	
200	13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		
disposition	Unknown		Unknown			
	15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) [Ilf yes, give wor or dolos of service) SECURITY NO.		17. INFORMANT		ADDRESS	
final	No No	217-05-3492	-A Char	t		
0	18.4/2,31	CAUSE OF DEATH	artorios	relevitie	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Do Dis	east	Maria		
mbalmed	IThis does not meen the mode of dying e.g. (A)IMMEDIATE CAUSE					
pq	heart failure, asthenio, etc. It means the disease, injury or complication which caused deoth.)					
6	ANTECEDENT CAUSES Osterathitis					
are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				0.	
	underlying condition last. (c)			maia		
nai						
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION CONTRIBUTIONS Chickens of Conditions Contributed to the Terminal					
the	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Ye.	or No. 208, IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?	
0	ш	NU		AUSES OF DEATH?		
peto	OR CONTRIBUTING CAUSE OF CEATH Inolity medical examines) 218. PLACE OF INJURY (e.g., in or obout 21C. WHE hame, form, foctory, street, office bldg., INJURY OF CEATH Inolity medical examines)			DID (II In Boltime	ore City, give exect location)	
Pe	21D-TIME (Month) (Doy) (Yeer) (Hour) 21E	INJURY OCCURRED		ID INJURY OCCUR?		
ain	(APPROX.)	ile At Not While			120	
opt	22. I certify that (i) (this hospital) attended the deceased from 1000 19 14 9 10 19 72					
pe	that (1) (we) last saw the deceased alive an // tel 19 22 and that in (my) (our) apinian death accurred on the date					
	and haur and from the causes stated abave (1) (We) ((did) (did not) view the bady after death.					
must	23A. SIGNATURE					
8	Suchard O. System Med. Director Phys. 2/11/22					
LOV	23D. ADDRESS 936 W. North Avenue					
approval	Dr. Richard F. Tyson, M. DD Bellimore, Maryland 21217					
	KEING AME (Specify)	AME of CEMETERY OF CREA	MATORY	24D. LOCATION (C	City, town, or county) (Stote)	
itten		. Auburn		Baltimore,	Maryland	
	25A. DATE REC'D BY HEALTH DENT. 25BENAME	Jr aKEGASTRAR	25C. FILNERAL DAR	ECTOR	ADDRECC	

Kenneth Law 4611 Park Heights Ave.

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25C. FUNERAL DIRECTOR

258 NAME OF REGISTRAR

ADDRESS

Kenneth Law, 4611 Park Heights Ave.

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Type or Print)	Harold McKi	กใดข		OF _	stimoted	Month 2	11	72	Hour
. PLACE IN BALT	IMORE, MARYLAND,		RONOUNCED DEAD	3. DATE	SIIMOIGG 🗀	Month	Doy	Yeor	Hour '
ULL NAME OF		ITAL OR INS	TITUTION, GIVE STREET	PRONOUNCE		2	11	72	6:20 a
O O	371 3 Howa	ırd Pk	• Avenue	5. USUAL RESIDE A. STATE Md.	ENCE (Where	deceosed li	B. COUNTY	n: residence b	So Late 1
-	7. RACE		RIED TO NEVER MARRIED	C. CITY OR TOW	VN		D. INSIDE CI		
male	Negro	WIDOV		Balto.			YE	s X	NO 🗆
2 <u>4</u> 6/1936		(In years	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.		Howard	Park A	Avenue		
Dillor	tote or foreign country))	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S No.	AME er McKi	nley			
A.USUAL OCCUP	PATION (Give kind of wor	rk 14B. KINE	OF BUSINESS OR INDUSTR	15. MOTHER'S A	MAIDEN NAM	AE .	77	-4-	
Lever Br	rothers	So	ap Makers	Leath					
es, moor unknown)	D EVER IN U.S. ARM (If yes, give wor or dote	ED FORCES es of service	5? 17. SOCIAL SECURITY NO.	Doris M	r cKinley	, 37	13 Howa	odress ard Pa	rk Ave.
19.	LLTV	1	CAUSE OF DEA	ATH					PROXIMATE INTERVEEN ONSET AND D
	plication which coused d		(B)	AS A CONSEQUEN	NCE OF:				
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THE COUNTY S. LEWIS CO. A. Francisco With the training of the control of personal territorial and the second HISTORY TO CONTENTS

Mary-E. Law 802 Madison Ave.

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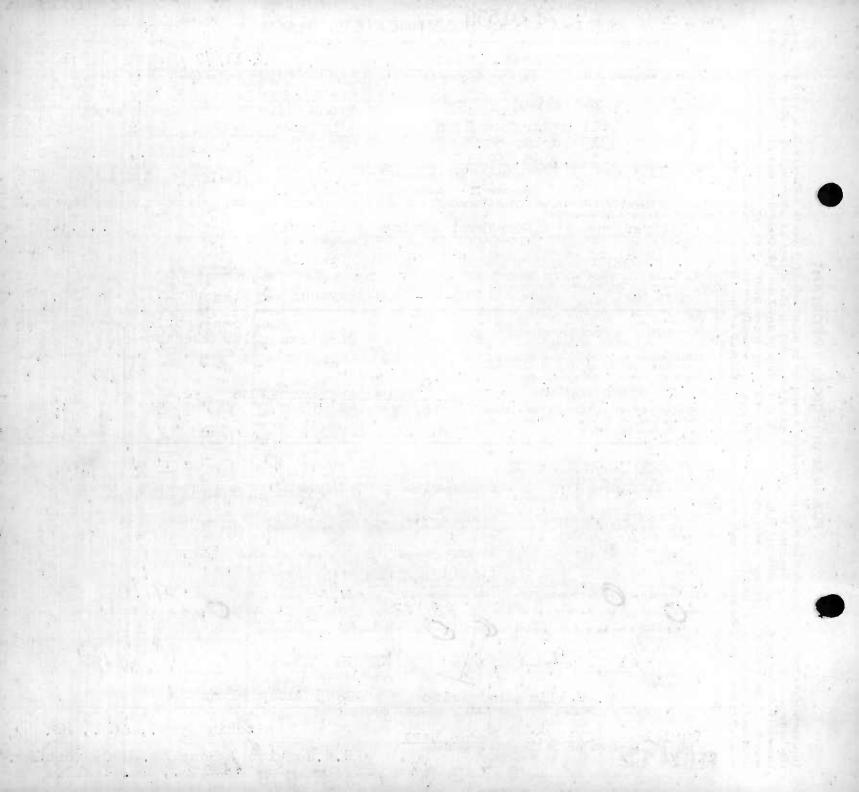
72 01558 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 01558

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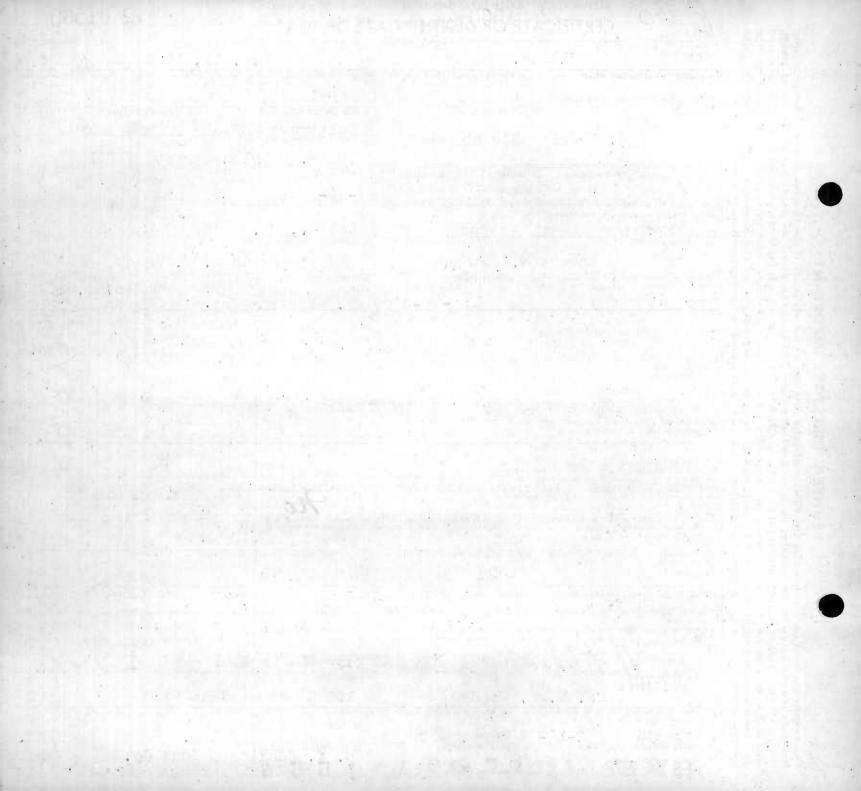
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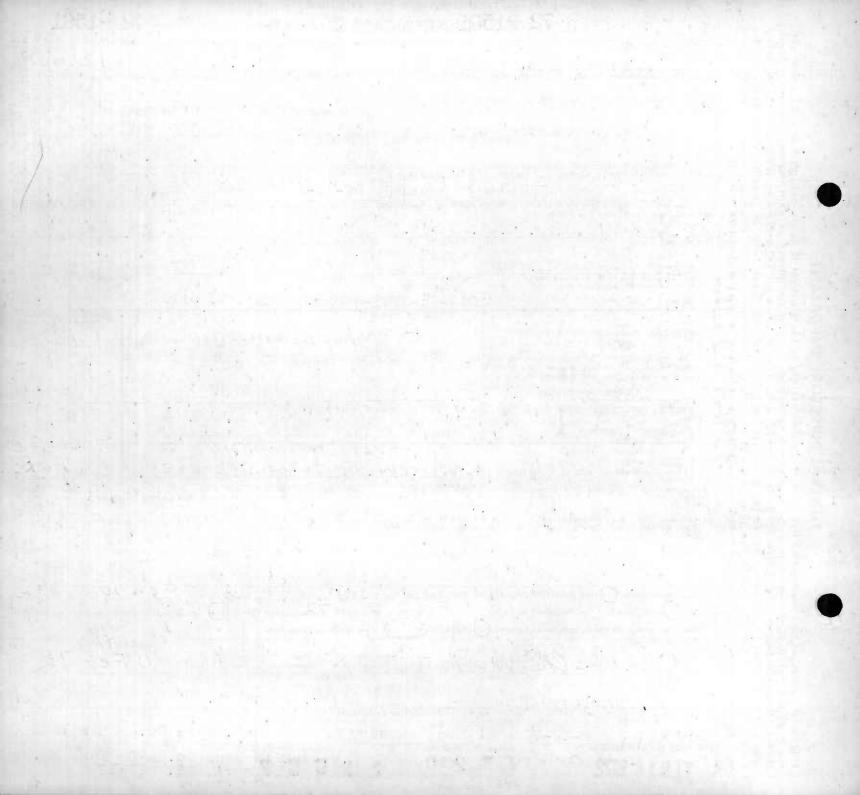
BALTIMORE CITY HEALTH DEPARTMENT

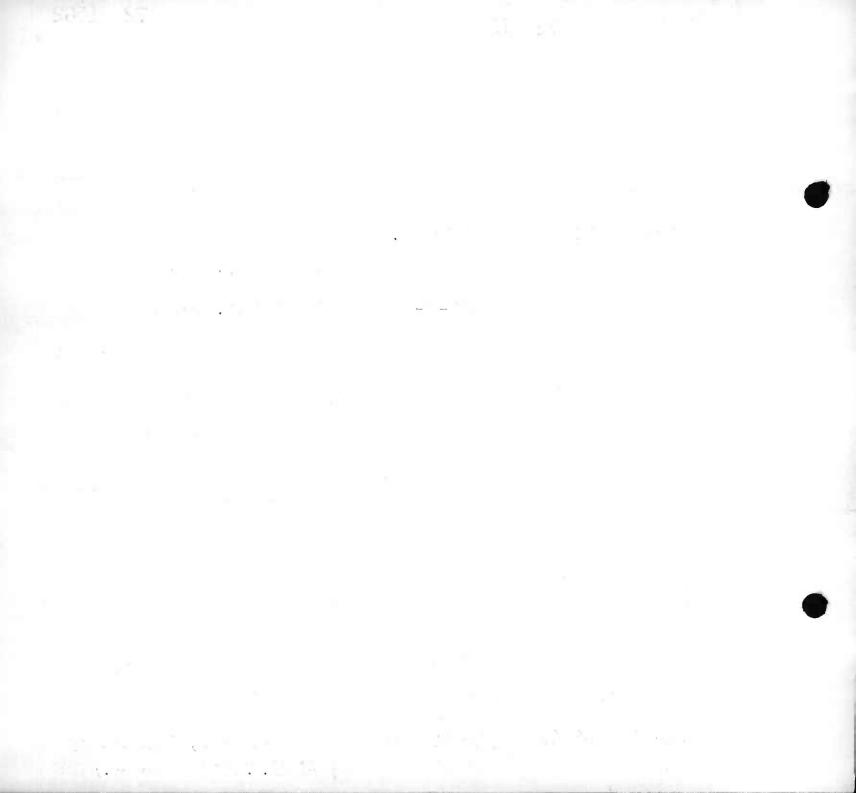


	pe or Print)		Ella	B. R	hodes			Feb. 11,		1 11
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		R	obert	W. J	ohnson	EU.	J	ulia W. H	. Broo	ck
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	AME OF DEC	EASED				AND HOUR OF DEATH	150
1.75		Thomas	R.	Sullivan		. 10, 1972	112:40Pm.
3. P	PLACE IN BAL	TIMORE, MARYLANE	O, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If in JNTY	stitution: residence before odmission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR IN	STITUTION, GIVE STREET	Md. C. CITY OR TOWN	D. INS	DE CITY LIMITS?
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					1700 Merid	ene Dr. Ap	t. 605
5. S	EX	6. RACE	7. MARR	IED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. II Under 24 Hrs.
	M	W	WIDOW	VED DIVORCED	10-16-1875	96	
				OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or la	reign country)	12. CITIZEN OF WHAT COUNTRY?
		working life, even if reti y Sign.Co		S. Gov't.	Maryland		USA
	FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
W	esley	Su	llivan		Maria	Cavey	
15. V	Was Deceased	Ever in U. S. Armed		1 6. SOCIAL	17. INFORMANT		ADDRESS
1165	No	it yes, give wor or	doles of Servi		3-A Mrs. Vern	on W. Dix	Same
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	DISEASE OR C	OPERATION 198.	I MAI I IMI.	OR WHICH OPERATION			FINDINGS CONSIDERED
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2	(APPROX.)			While At Not Wh			
	22 1 - 25	de divide les	***************************************		Jan	dof F	eh 117 1072
		last sow the dece		ed the deceased fram	4	that In(my) (our) opi	nian death occurred on the date
				A (T)	view the body after death		
1	23A. SIGNATU		7)	citi) (iiic) (did)(did iic)	view ine body direct dealt	10	23 B, DATE SIGNED
	8h	a rest	88/M	ALL MAN SHOWED AM	ending Med.	Staff Phys.	1) Feb-72
	23C. PHYSICIA	N'S	770	DEGREE	23D. ADDRESS	, , , , ,	
	Dn	Charles	Shaw		607 W. Jopa	oa Rd.	
24A	BURIAL CRE	MATION, 248. DAT		DEGREE C. NAME of CEMETERY OF CI			ity, town, or county) (State)
B	urial	2-12	2-72	aklawn Cemet	ery	Baltimore (Co. Maryland
		BY HEALTH DEPT.	25B. NAA	ME OF REGISTRAR	25C. FUNERAL DIRECT	s Sons Co.	4905 York Rd.
	FEB1	1972 7	BE. Sta	Des, 2000 0) H.W Slenkin	imore, Md.	21212



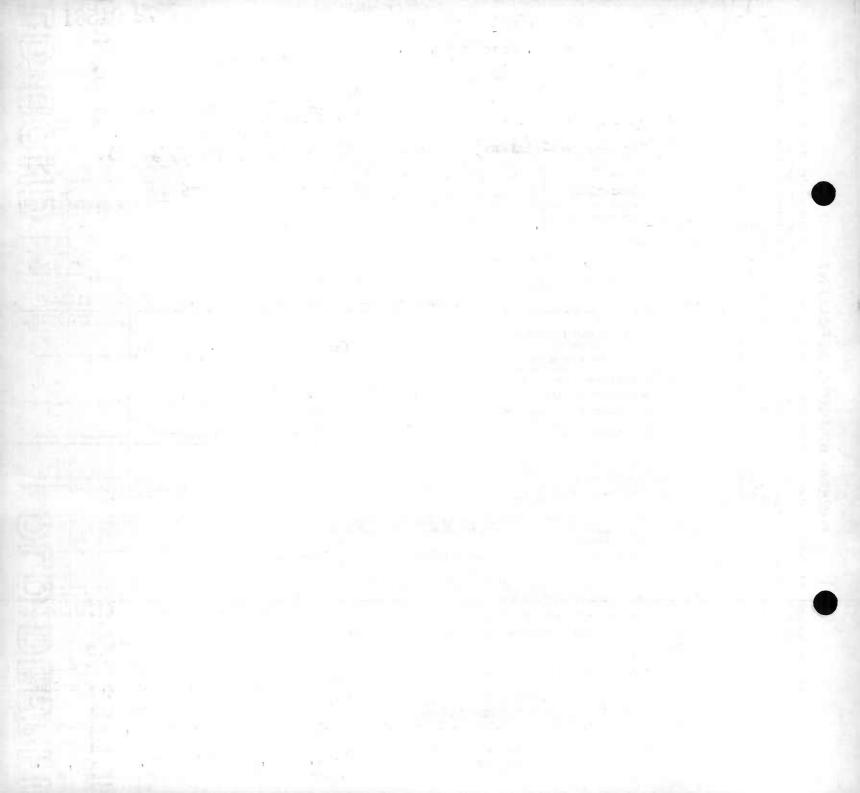


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

T -0	BALTIMORE CIT	Y HEALTH DEPARTMENT	-1	
BIRTH NO. 72 0156	CERTIFICA	TE OF DEATH	REG. NO	12 01000
(Type or Print)	4.0		D HOUR OF DEATH	
ENNIS ISA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR				9:10 A M.
STRACE IN BALLIMORE, MARIYAND, WHERE PRO	ONOUNCED DEAD	A. STATE B. COUN	TY	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND H	OWARD D. INS	SIDE CITY LIMITS?
ST AGNES WILKENS &	HOSPITAL CATON AVE.	ELLICOTT C	ITY	YES NO
	MARYLAND 212	19 8542 MAIN	ST	
5. SEX 6. RACE 7. MARE	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE CAUCASIAN WIDON	MED DIVORCED	07 31 90	lost birthdoyl	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Tony	VIRGINIA		UNITED STATES
13. FATHER'S NAME		14 MOTHER'S MAIDEN HAN	ME	
NOYED ENNIS		RILEY , Pyabo	alia	
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (III yes, give war or dotes of servi		CT ACMEC DI		VENO - CATON AVE
	218108832	ST AGNES RI	ECORDS-WI	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	n .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying,	(A)IMMEDIATE CA	USE WRemin		
heart failure, asthenia, etc. It means the dise	ase, DUE TO, OR AS	A CONSEQUENCE OF:		
injury at camplication which caused death.)				11
ANTECEDENT CAUSES	101 5-10	terenia		1/5/72
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise in the above cause (A) stating UNDERLYING CONDITION last.	4 -			
	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG VAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.	208 IF YES WERE	TIMONICS CONCIDENCE
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B.PLACE OF INJURY (e.g., home, form, foctory, street, o	flice bldg. INJURY OCCUR?	(If In Beltime	re City, give exect location)
OF INJURY (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
E IAPPROXI	While At Work At Work	0		
22 1 11 11 11 11 11 11 11 11				
22. I certify that X1) (this hospital) attended that X1) (we) lost sow the deceased alive		JA NUARY 5 1 0 19 7.2 ond the	972taF_[at in()(y) (our) api	RUARY 10 19 72
and hour and from the causes stated abov	eX(M (We) (did) (dXdXnXt)	view the bady after death.	Termodomos,	
23A. SIGNATURE				23 B. DATE SIGNED
Durbly.		ending Med. Director	Staff Phys.	
23C.PHYSICIAN'S	DE GREE Phy	23D. ADDRESS	Phys.	
NAME (Type)		230. ADDRESS		
	DEGREE			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C.NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (C	ity, town, or county) (State)
Byain 1-14-72	Good Shi	EPHAND E.	theoft Con	pnd.
FEB 1 4 1972 Pale 4 8	CO C	SIACK FINE	ool Hons.	Follow C. Ty
VS 150-REV. 1/1/68			7.0 7.	

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BIRTH NO.		GA CEDTIEICA	TE OF DEATH	REG. NO	72 01564
	72 015			NO HOUR OF DEATH	
1. NAME OF DECEASED		lessenauer, Sr.		7 / 17 2	I S A.
3. PLACE IN BALTIMORE	MARTLAND, WHERE PE		14 USUAL RESIDENCE (Who	ere deceased lived. If in	stitutions residence before admission)
			A. STATE B. COU	NTY	- Land and land
FULL NAME OF (IF	NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	md. BA.	110.	DE CITY LIMITS?
MINITUTION Baltim	ore City Hosp	oital	Dundalk	D. 11431	YES Z NO XX
			E. STREET AND NUMBER		ien iti'. Ho Wit.
4940 Eastern	Avenue Balt	nore, Maryland	3129 C,	WAII Fo.	16 Dr. 2122
SEX 6. RACE	7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
MA/L Cauc		WED DIVORCED	8-20-95	76	110013
OA USUAL OCCUPATION	(Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of for	eign country)	12 CITIZEN OF WHAT COUNTRY
one during most of working to Retired - Cro	wn Can Co.		MAry 1.	s al	U.S.A.
3. FATHER'S NAME			14 MOTHER'S MAIDEN NA	LME	1
The second secon	J. Hessenau	ler	Emma Ker		
				40	ADDRESS
5. Was Deceased Ever in Tes, no or unknown! Uf yes,	give war or dates of sen	rice) SECURITY NO.		1940 Eastern	
No		215-09-6162A	BCH: Records B	Baltimore, Ma	aryland 21224
18.		CAUSE OF DEAT	Н		SETWEEN ONSET AND DEATH
rise to the above	NDITIONS, if any, go cause (A) stating		A CONSEQUENCE OF:	Prima	
underlying cont	e cause (A) stating DITION last.	the (c) Co		Prymon	
underlying cont	e cause (A) stating DITION last. II CONDITIONS CONTRIBUT OUT RELATED TO THE TERMIN ON GIVEN IN PART 1 (A).	ing NAL	PD - Z.	Primm	
underlying cont	e cause (A) stating DITION last. II CONDITIONS CONTRIBUT OUT RELATED TO THE TERMIN ON GIVEN IN PART 1 (A).	TING NAL FOR WHICH OPERATION	PD - Z.	ON 19 YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
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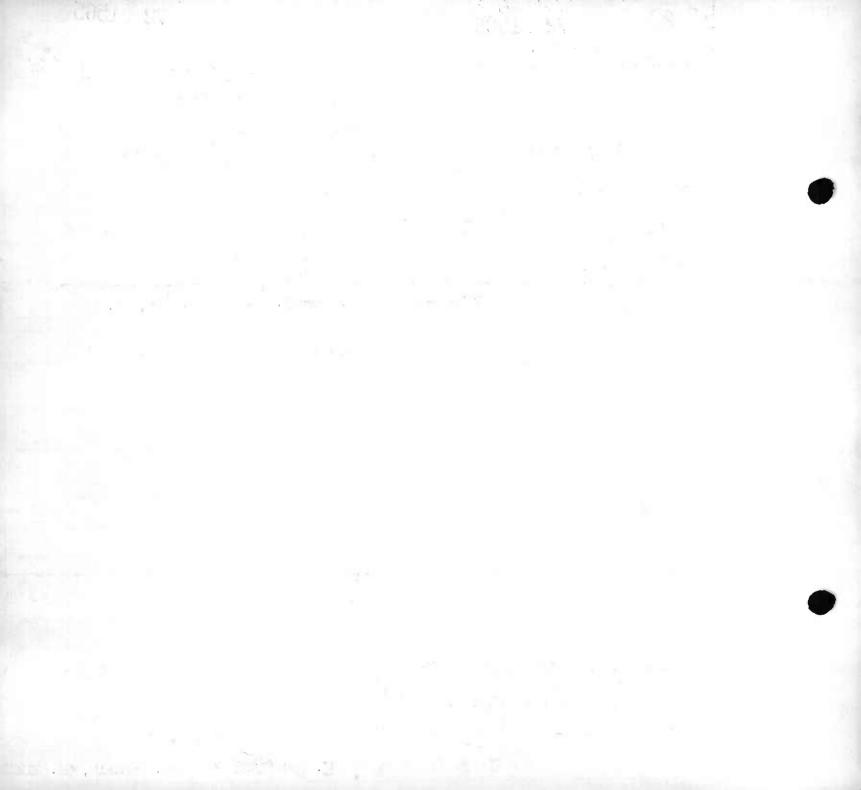


IMPORTANT

FUNERAL DIRECTOR:

7-12			BALTIMORE CIT	Y HEALTH DEPARTMEN	41	2010 A4 F9	2,5
BIRTH NO.	72	0156	5 CERTIFICA	ATE OF DEAT	H REG. NO.	72 0156	3 0
(Type or Print)	oopebit i			2. DA1	TE AND HOUR OF DEAT	Н	9.000
3. PLACE IN BALTIM		HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived If	institution: residence	
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	md	Baltimore	5	delite dumission/
2				11 / / 17 1/1	indalk D. IN	ISIDE CITY LIMITS?	
GINIU.	MANY/AN	11	1250	E. STREET AND NUMB	SER 7 C7 O YY	YES	NO 🗵
	MACHIAR		700 %	1519 V	ER 1519 Vesper	Avenue	
	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr.	if Under 24 Hrs.
Male	Chite	WIDOWED		9/14/13	lost birthdoyl	Months Doys	Hours Min.
OA. USUAL OCCUPA	TION (Give kind of work	10B. KIND OF	BUSINESS OF INDUSTRY	11. BIRTHPLA CE (Stole o	I foreign country	112 CITIZEN OF	WHAT COUNTRY
lone during most of work Machinist	ing ille, even it retired)	MATION	nal Can-co.	md			s A
3. FATHER'S NAME		.1		14. MOTHER'S MAIDEN	INAME		
John	Koupes				e//e /e	To	
5. Was Deceased Eve Yes, no or unknown) (If	r in U.S. Armed Fore yes, give wor or dote:	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Wif	e:]=	10 Vester	Svenue
No			217-09-0641	Mrs. Mary L.	Koubek Dund	alk Md 2	7222
18.	1/		CAUSE OF DEAT	н	Durio		XIMATE INTERVAL
DISEASE C	R CONDITION DIR	ECTI V					ONSET AND DEATH
LEA	DING TO DEATH	in Clar		w. TACTA	T		
(This does not r	meon the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF	I'C CANO	NOMA	
heort foilure, asth	enio, elc. Il means	the discourse					
I INJUST OF COMPLICE	plion which caused	death 1	00110,01170	A CONSEQUENCE OF:	1029		
	olion which caused	death.)	501 10, Ox X5	JSE MOTASTA, A CONSEQUENCE OF:	1029		
ANT	elion which caused ECEDENT CAUSES	death.)	(B)		1029		
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Pole & E Jailer KA John J. Wise Ave. Dundalk, Md. Duda 7922 21222



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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

FUNERAL DIRECTOR: IMPORTANT

M-150 72 015	00	HEALTH DEPARTMENT	Vice vie o	0 04 500
BIRTH NO.	CERTIFICA	TE OF DEATH		2 01566
T. NAME OF DECEASED (Typo or Print) MAUPIN, BERTHA LE	E		RY 9, 1972	6:00 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON			doccosed lived, If instituti	on: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	TUTION. GIVE STREET		BALTIMORE	5 3 12
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE C	2 2 2 2
/ A ST ASNES HOSBITAL		BALTIMORE	YES	
TO ST AGNES HOSPITAL CATON & WILKENS AV	E	E. STREET AND NUMBER Z	4707 Wilkens A	Avenue 21229
	NEVER MARRIED	los los	AGE (In years If (Under 1 Yr. If Under 24 Hrs.
FEMALE CAUCASIAN WIDOWE		9/21/3 1896	75	
OA, USUAL OCCUPATION (Give kind of work 10B, KIND Come during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE [State or fareign	country) 12.	CITIZEN OF WHAT COUNTRY?
Housewife		XXXXXXXXXX Penns	vlvania	U.S.A.
S FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
GEORGE COLVIN		EXXXXBEXXXVE	AKXXXXX Mary	E. Weekley
. Was Deceased Ever in U. S. Armed Forces? as,no or unknown) (It yes, give war or dotes of service)	SECURITY NO.		ORE MARYLAN	
No	226-16-4822D			& WILKENS AVE
18. 4. 3. 41	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Palmona-	y edema	
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	DILETO OP AS		7	
injury or complication which caused death.)		O		
ANTECEDENT CAUSES	(B) and	2.V.A.		
DISEASES OR CONDITIONS, if any, giving		A CONSEQUENCE OF:	******************	************************************
rise to the obove couse (A) stating the UNDERLYING CONDITION last	(c)			
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			*****
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	NO	208, IF YES, WERE FINDING IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
21A. A CCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in me, form, factory, street, of	or obout 21 C. WHERE DID	(If in Boltimare City,	, give exact location)
DEATH (notify medical examine)				
OF INJUSY	E INJURY OCCURRED	21F. HOW DID INJUR	T OCCUR?	
I I A PPROTITI	hile At D Not While ork At Work	'		
22. I certify that (X) (this hospital) attended	the deceased from F	EBRUARY 7 19	72 to FEBRUA	RY 9 19 72
that () (we) last saw the deceased alive on.			in(nX) (our) entains	death accurred on the date
and hour and from the couses stated above.			(), (earl obition (Occourse on the dote
23A. SIGNATURE	(1) Just (drei) fato dat) A	iem ine body diret deciti.	228	DATE SIGNED
77 mal		nding Med. Sk		-9 17.
23G.PHYSICIAN'S	DEGREE Phys	. Director L Ph	off Nys. 2	1-1-
23C. PHYSICIAN'S NAME (Typo) J. J. MO	L.	3D. ADDRESS		
A SURIAL CREMATION, 248, DATE 24C.N	DEGREE	MATORY 24D. LOC	ATION (City, low	vn, or county) (State)
2-12-1072 T	orraine Park Ce	emetery	dlawn, Maryla	nd
Dullal		25C. FUNERAL DIRECTOR	armi, maryla	ADDRESS
SA PARTA 1972 H CHILL EN TANK	THE PARTY OF THE P		nmd /.107 Tres	
\$ 150-REV. 1/1/68		I HOWARD H. H. DD	aru, 410/ W11	kens Ave. 21229

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	72 0156	7 BALTIMORE CITY	HEALTH DEPA	RTMENT			
3/0		CERTIFICA	TE OF D	EATH	REG. NO	72	01567
NAME OF DECEASED				DATE AND	HOUR OF DEATH	7 78	DIO
Type or Print)	G. CTAA	O		1			0.58
FIZEDEICICA 3. PLACE IN BALTIMORE, MARYLAN	ND, WHERE PRONOUI	NCED DEAD		DENCE (Where	deceased lived. If	institution; re:	sidence before admission
FULL NAME OF (IF NOT IN H HOSPITAL OR ADDRESS OR NSTITUTION	OSPITAL OR INSTITUT LOCATION)	TION, GIVE STREET	A. STATE MAR C. CITY OR TO	B. COUNTY VLAND WN	L	SIDE CITY LIN	2573 MITS?
+3			BALTI E. STREET AND	MORE		YES 🔄	NO
SCUTH BALTIMOR	E GEN.	HOSPITAL	3215	MAGE		UE.	
SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIR	to	AGE (In years st birthdoy)	If Under Months	1 Yr. If Under 24 Hr Doys Hours Min.
MALE CAUCASI OA. USUAL OCCUPATION (Give kind			Mg. 22		78 XXX	12. CITIZ	EN OF WHAT COUNTE
	ol maker)	- W	aschen	burg (Sermany		4.5.A.
3. FATHER'S NAME			14. MOTHER'S	MAIDENNAM	E		
Theodore STA	AB.			Betting	ger		
es, no or unknown) (If yes, give wor	or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMAN	Т	6	06 W	ADDRESS Son Re
no		215-10-9417-4	HeINZ	B. Str.	717B (atons	vill # 2
18.4/0141		CAUSE OF DEATH	4			в	APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
DISEASE OR CONDITIO			C.	Min or	1 1 000	1	0 1
(This does not meon the ma	de of dying, e.g.,	(A) IMMEDIATE CAU	SEXLULUE A CONSEQUENC	Myn Can	dial 3 st	henna	few hou
heart failure, asthenia, etc. It i				,			
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DISEASES OR CONDITIONS	, if ony, giving	DUE TO, OR AS	A CONSEQUEN	CELQF 12 21	3		sursec 1911.
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ONDERENING CONDITION 10	>1.	(C) / W 620		00000	77 000 00 0		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN	D TO THE TERMINAL						
19A. DATE OF OPERATION 198		HICH OPERATION	20 A. AUTOP	SY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING C.		
21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medical examiner)	PF 218. Phome etc.)	LACE OF INJURY (e.g., i form, foctory, street, of	n or obout 21C. V fice bldg., INJUR	YHERE DID	(tf in Boltime	ore City, give	exact location)
21D. TIME (Month) (Doy)	(Year) (Hour) 21 E. 1	NJURY OCCURRED	21F. H	OW DID INJU	RY OCCUR?		
(APPROX.)	White	At Work					
22. I certify that (1) (this ha	spital) attended the			19	ta		19
that (1) (we) last saw the de			19				h accurred on the da
and hour and from the cause							
23A. SIGNATURE						238. DATE	SIGNED
(Parsh	chiral.	Dhin		Aed. S	taff hys.	2 -	9-72
23C. PHYSICIAN'S NAME (Type)	J. V.K.	DEGREE	23D. ADDRESS			5-	· · · · · · · · · · · · · · · · · · ·
A. BURIAL CREMATION, 248. DA	ESBITE	RO DEGREE	SOUTH	BALTII	MORE	EN.	HOSPITAL
REMOVAL (Specify)		don Park Ceme	etery		ens Ave. B		re, Md.
FEB 14 1972	258 NAME OF	0 - 0	25C. FUNER Hubban	d Funera	1 Home I o	. 4107	Wilkens Ave
S 150-REV, 1/1/68		Tay Ing					

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VS 150-REV. 1/1/68

1	7/1/			BALTIMORE CITY	HEALTH DEPART	MENT	,	72 01568
	-6/6 H NO.		1568	CERTIFICA				· ~ 01008
	AME OF DECE	ouise D. Cra	wford		2	-9- 72		11;45 a.m.
	L NAME OF	(IF NOT IN HOSPIT		OUNCED DEAD	Md.	Balto.		on: residence before admission)
INS	TITUTION	ADDRESS OR LOC.	A IION)		C. CITY OR TOWN		D. INSIDE C	
x	2 241	.9 W. Patapsc	o Ave.		Balto. E. STREET AND N 2419 W.		Ave. Lakel	and 21230
5. \$	ex F	6. RACE	7. MARRIE	D NEVER MARRIED DE DIVORCED	B. DATE OF BIRTH 12-25, 18	HOST DIE	(In years If Mai	Under 1 Yr. If Under 24 Hrs. nths Days Haurs Min.
		varking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY Home		k, Pa	ntry) 12.	U.S.A.
	Benjamin	G. Gilbert			Annie Hay			
15. V (Yes	Nos Deceased	Ever in U. S. Armed Far Illf yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	no	,		214-56-4308	Margan	cet Crawfo	ord 2419	W. Patapsco Ave.
z	(This daes not heart lailure, injury ar cam A DISEASES Orise la the UNDERLYING	LEADING TO DEATH at mean the made of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) 6 CONDITION last.	the diseas death.) any, givin stating th	g (c)	SE VISEQUENCE OF		-VD	
CERTIFICATION	TO THE DEATH	H BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198, CON	HE TERMINA RT 1 (A).		20A. AUTOPSY?	(Yes ar Na) 208.	IF YES, WERE FINDS	NGS CONSIDERED
CAL CERTI	OR CONTRIBU	WAS PER IT WAS UNDERLYING TING CAUSE OF medicol examiner	2 h	18. PLACE OF INJURY (e.g., i ame, farm, factory, street, of ic.)	n or about 21 C. WHE	RE DID		r, give exact location)
	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Yeor)	V	Vhile At Not While At Work	e	DID INJURY O	CCUR?	,
	and hour and 23A SIGNAYU	from the couses sto	ted obove.	(did) (did not) v	nding Med.	Shaff Phys.	(our) opinion	deoth occurred on the dote DATE SIGNED 2/10/72
			Levisk	DEGREE		ve, Arbut		
	REMOVAL (S xxx Bur	pecify)		NAME of CEMETERY of CRI Prospect Hill	Cemetery	York,	Pa.	wn, ar caunty) (Stote)
25 A	EB14	972 Jaseus &	25 NA	OF REGISTRAR	25C. FUNERAL Hubbar	d Funeral	Home INc.	4107 Wilkens Ave

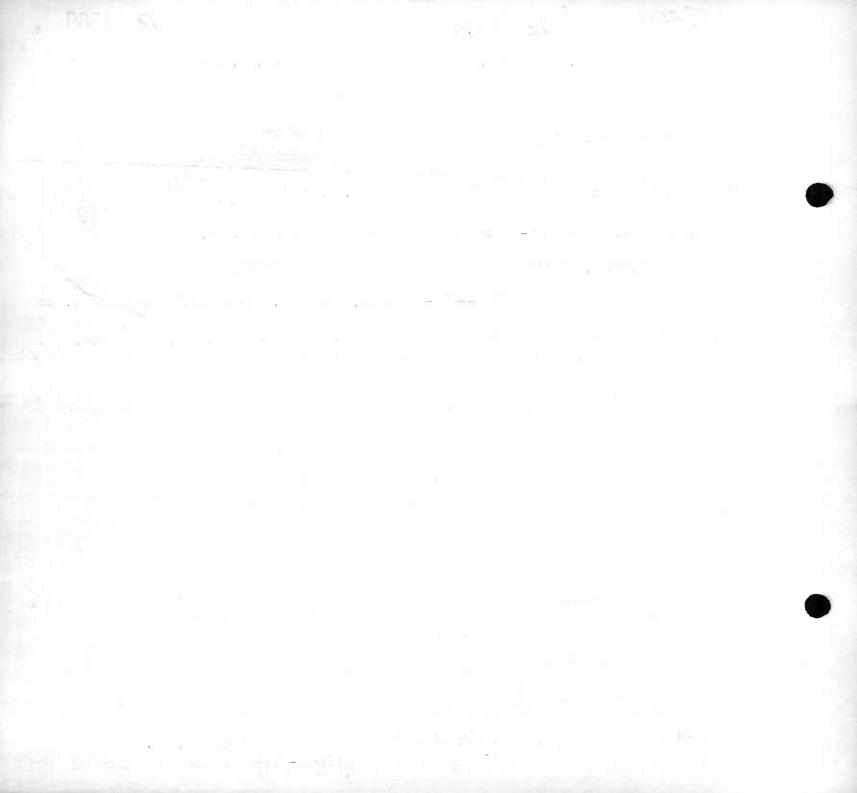
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T-520	7	2 01	BALTIMORE C		H DEPARTMENT	REG. NO	72 0	1569
BIRTH NO. 1. NAME OF DE (Type or Print)				7112	2 DATE	AND HOUR OF DEATH	1	2 A
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USU	AL RESIDENCE (W	here deceased lived. If	institution: res	idence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT. ADDRESS OR LOCA	AL OR INST	TUTION, GIVE STREET	C. CITY	Maryland OR TOWN	D. IN	SIDE CITY LIM	1202
Edgewo	od Nursing Hon	ne		H .	Baltimore ET AND NUMBER 28 Univers		YES 🛣	NO 🗌
5. SEX	6. RACE	7- MARRIE	NEVER MARRIED		OF BIRTH		If Under	1 Ye, if Under 24 Hrs.
Female	White	WIDOWE	-	Nov.	8, 1899	9. AGE (In years lost birthday) 72	Months D	Days Hours Min.
OA. USUAL OC	CUFATION (Give kind of work f working life, even if retired)	108 KIND	OF BUSINESS OR INDUST	RY 11. BIRT	HPLACE (Stote at fo	reign country)	12. CITIZE	N OF WHAT COUNTRY
	School Teache	r-Rali	to School Syst	tom	Raltim	ore. Md.		USA
3. FATHER'S NA	AME	I Dal	to believe bys		THER'S MAIDEN N			UDA
R	obert E. Marti	n			Anna Str	ohel		
5. Was Decease	d Ever in II. S. Armed For	-0.2	1 6. SOCIAL	17. INFO	PAAANT			ADDRESS
les, no or unknow	n) (If yes, give war or dote	of service	330-567	1 Mr. V	Walter E.	Thoms 3428	Univers	sity Place
18.	3 (32.7)		CAUSE OF DEA	ATH				APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIR	ECTLY	Cos	gebri	AL THRO	DM BOSIS	8.5	TWEEN ONSET AND DEATH
(This does	LEADING TO DEATH	dut-m	(A) IMMEDIATE C	AUSE				24 days
heort failure	, asthenia, etc. II means	the disease	DUE 10, OR A	AS A CONSE	QUENCE OF:			
infait of co	mplication which caused	death.)						
DISTASTS	ANTECEDENT CAUSES		(B)			M		
rise to)	OR CONDITIONS, if a labove cause (A) G CONDITION last.	sioling Ih	g (B)	AS A CONS	EQUENCE OF:			
	11							
OTHER SIGNI	FIGANT CONDITIONS CONTINUES TO THE	E TERMINAL						
C DISEASE OR	F OPERATION 198 CONE WAS PERF	1 (A).		20A.	AUTOPSY? (Yes or I	No.) 20B, IF YES, WERE	FINDINGS C	ONSIDERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF wedicol exomined	21 ho	B. PLACE OF INJURY (e.g. me, form, fociory, street,	In or obout	21C. WHERE DID INJURY OCCUR?	(If In Boltimo	re City, give e	exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeorl	w	LE INJURY OCCURRED hile At Not Wook At Wo	hile	21F. HOW DID IN	IJURY OCCUR?		
22. I certify	that (i) (this hespital)	attended		_	16	19 72 to Fe	6 8	1972
	last saw the deceases		T /					accurred an the date
	d fram the causes state			wiew AL-	hade after deat	in/my/ (oory ab)	on death	decorred on the date
23A. SIGN AT	URE //	0.00	(-, (may (und) (und not)	Alem Ine	body direr death	•	238. DATE	SIGNED
	est S Him	ELIO	u S DEGREE PI	Hending	Med.	Staff Phys.	2/0	3/12
23C. PHYSICI		1	Orone	23D. ADD		7/10		21
4A. BURIAL CRI	MATION, 24B, DATE	1ELF	ARB OF CEMETERY OF C	REMATORY	24D.	OLD DORING	G LA.	· Pault 212/
Burial	(Specify) 2/11/72		arkwood Cemet			Baltimore,		comit (Signel
FER 12			OF REGISTRAR		CHELL DIRECTO	defeld Home	6500 Yo	ADDRESS ork Rd
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to the hospital approved by

must be

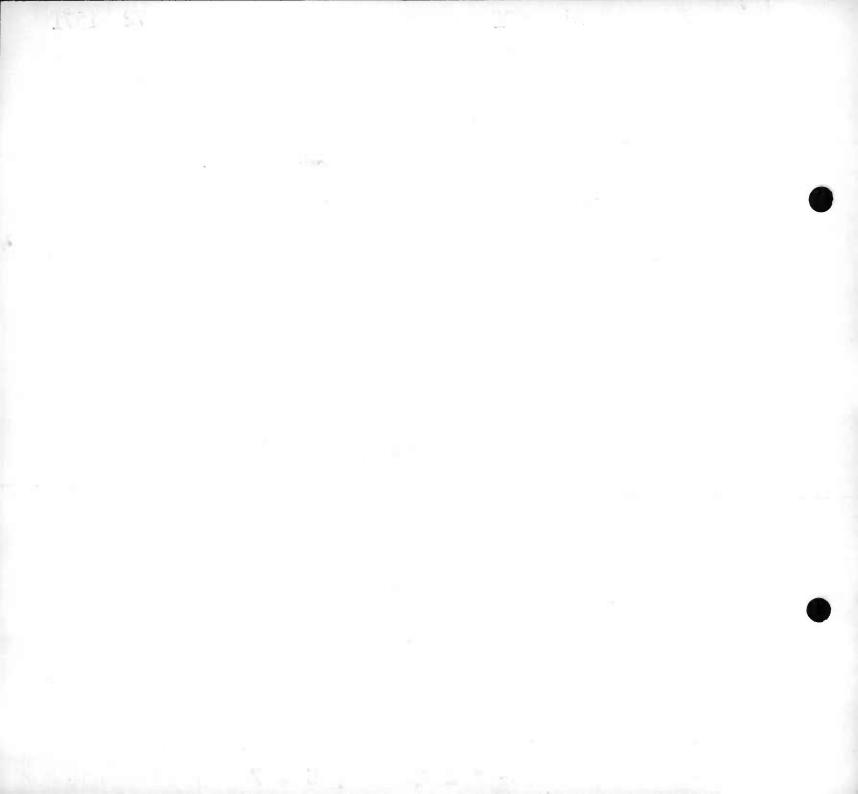
This certificate

7	E-40	0	12	01570				DEPARTMENT	1	72	2 01	570
	H NO.				CER	IIFICA	E OF	DEATH				× 1 × 1
(Тур	AME OF DEC	reder	tck	-	(FREDI	ERICK	$C \cdot E$	LY) 7	49772		11:	40 a. M
3. P	LACE IN SAL	TIMORE MAR	LAND, W	HERE PROMOU	INCED DEAD				Where deceased lived. I	finstitution	residence b	pefare admission)
FUL	L NAME OF	(IF NOT I	N HOSPITA	AL OR INSTITU	TION, GIVE S	TREET	Mary		In the	leine em	CA D	0 /
INS	niunon Baltimo:	ce City			*		.,	imore	0.1	VSIDE CITY	_	оП
	4940 Eas	stern Av	enue				E. STREET	AND NUMBE				
1	Baltimo	ce, Mary	land	21224			337	S. Maco	n St.			
5. \$	Male	6. RACE Caucas	ian	7- MARRIED WIDOWED		RRIED 8	7/25		9. AGE (In years lost birthdoy)	Months 1	Doys H	If Under 24 Hrs. lours Min.
10A.	USUAL OCC	PATION (GIVE	und of work						foreign country!	12. CI1	TZEN OF W	HAT COUNTRY
lone	during most of	working life, even	(beniles %	WOODL	AWN R	SALTY	Balt	imore, M	Maryland		U.S.	Α.
3. 1	ATHER'S NA	F_{\bullet} E_{I}	v					ER'S MAIDEN				
_							20 1 s Col					
Yes,		Ever ie U. S. /	Anned Fore	s of service)	SECURITY	NO.	7. INFORA		4940 Easter			
	NO		-			-9672A	BCH:	Records	Baltimore,	Maryla	and	21224
	(This does a heart failure, Injury or con	LEADING TO of mean the asthenia, etc. pilication which ANTECEDENT OR CONDITION above call CONDITION	mode of it means in caused CAUSES	death.)	DUE	EDIATE CAUS TO, OR AS A	CONSEQU	100	Tatore	tion		
F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					NOIT	20A AUTOPSTS (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?					
2	0						or about 2	NO C. WHERE DI		more City, gl		
OR CONTRIBUTING CAUSE OF C						K?	2.0 2.71					
MEDIC	21 D. TIME OF INJURY (APPROX)	(Month) (Do	y) (Yeot)	1000	INJURY OCC	Not While At Work		IF. HOW DID	INJURY OCCUR			2/01
	22. 1 certify that N (this hospital) attended the deceased from A. 11:409N 1921 ta 12:409N 1917											
	that (V) (we) last sow the deceased alive on											
	and hour and from the causes stated above. (We) (dld) (did we) view the body after death.											
	234 MOVATI	S.	カ	e.06	A	Atten-	ding 🔲	Med.	Stuff Phys.	238, 04	TE SIGNED	22
	23C. PHYSICIA NAME (1	N'S				2:	D. ADDR	itimore	City Hospi	als		
		Goldb	erg, l	M.D.		DEGREE	1940 H	astern	Avenue Balt:	more,	Maryl	and 21224
24A	REMOVAL	MATION, 24B.			ME of CEME	TERY of CREA	AATORY		D. LOCATION	(City, town,		(State)
	BURIAL	, 2,	/12/		K LAW.	N CEM			BALTO.			e0150
	FEB14	1972	C. A.	258 NAME C	F REGISTRAR	1 17 -	MIT	AETA -A	WIEDEFEL.		E ADD	RESS
		1016	THE PERSON NAMED IN	THE TENEDERS OF THE PARTY OF	1. TTL 65 1	1 1	11 3.7	INV IN	R R D ~ 21	212		



be approved by the chief medical examiner or his assistant if death occurred in a hospital and a to the haspital by a medical examiner. Also, if the direct or contributing cause of death tof any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tall (except where the physician who pronounced death was in regular attendance on the ith); and (6) No physician was in regular attendance on the tecased prior to death. Such the obtained before the remains are embalmed or final dispasitian is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispasitian is made.	

7-630 BIRTH NO.	72 (1571		HEALTH DEPARTMENT		72 01571'		
1. NAME OF DECE	ASED		1	2. DATE	AND HOUR OF DEAT	'Н		
3. PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRONO	INCED DEAD	Fel Fel	ruary 11,1	972 16:00 A M		
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	A, STATE B, CO		institution: residence before admission)		
Universit	ty of M	ary lar	nd Huspital	Baltimore D. INSIDE CITY LIMITS?				
38	/	0,7,0	· O viespical	E. STREET AND NUMBER 3208 Duc	lley Ave.	12 10		
F	Cauc	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3 / 1 / 1909	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done during most of wo	PATION (Give kind of wor orking life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
Nurse		Hosp	pital	Marula	nd	USA		
13. FATHER'S NAM	hael F	Ford		14. MOTHER'S MAIDEN I	NAME	007		
15. Was Deceased E (Yes, no or unknown) [ver in U. S. Armed For If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	C (GIADEI	ADDRESS		
Unknown	221		215-32-2566	Mr. Daniel Fo	ord, 3208 Du	dley Ave. 21213		
DISEASE	OR CONDITION DISEADING TO DEATH	RECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR rise to the UNDERLYING	CONDITIONS, ii obove couse (A) CONDITION lost.	stating the		A CONSEQUENCE OF:		hritis		
O DISEASE OR COM	BUT NOT RELATED TO THE NOTION GIVEN IN PARTIES ON 198. CON WAS PERF	TE TERMINAL T 1 (A). DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
E COLOR				103	IN CERTIFYING C.	AUSES OF DEATH?		
OR CONTRIBUTE	WAS UNDERLYING NG CAUSE OF	21 B. home	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or about 21 C. WHERE DID INJURY OCCUR?	(If In Boltime	ore City, give exact location)		
21 D. TIME (A OF INJURY (APPROX.)	Month) (Doy) (Yeor)		INJURY OCCURRED Not While At Work	21F. HOW DID II	NJURY OCCUR?			
22. I certify th	ot My (this hospital)	attended the	e deceased from Fe	6 5	19 72 to Fc	h // 19 72		
that (V) (we) lo	st saw the decease	d olive on	Feb 11	19 7 Z and	that in (my) (our) op	Inion death occurred on the date		
and hour and fo	ram the causes stat	ed obove. (4)	(We) (did) (did not) vi	ew the body ofter deoth		and a second on the dold		
23A. SIGNATURE	+ P W	1 to	I Mn Atten	ding Med.		23R DATE SIGNED		
23C. PHYSICIAN'S NAME (Type		nestery	BEGREE Phys.	Director Dir	Staff Phys.	1 ev 11,11/2		
4A. BURIAL CREMA REMOVAL (Spe	TION, 248. DATE	24C. NA	ME of CEMETERY OF CREA	MATORY 124D.	LOCATION (C	ity town as county		
burial	14 Feb		Cathedral Cer			ity, town, or county) (Stote)		
SA. DATE REC'D BY		258 NAME OF		25C. FUNERAL DIRECTO	altimore, Md	ADDRESS		
FEB14	1972 Valente	C. Astronomy	200			altimore, Md. 21206		
			-15 1 20	N. Carlotte				



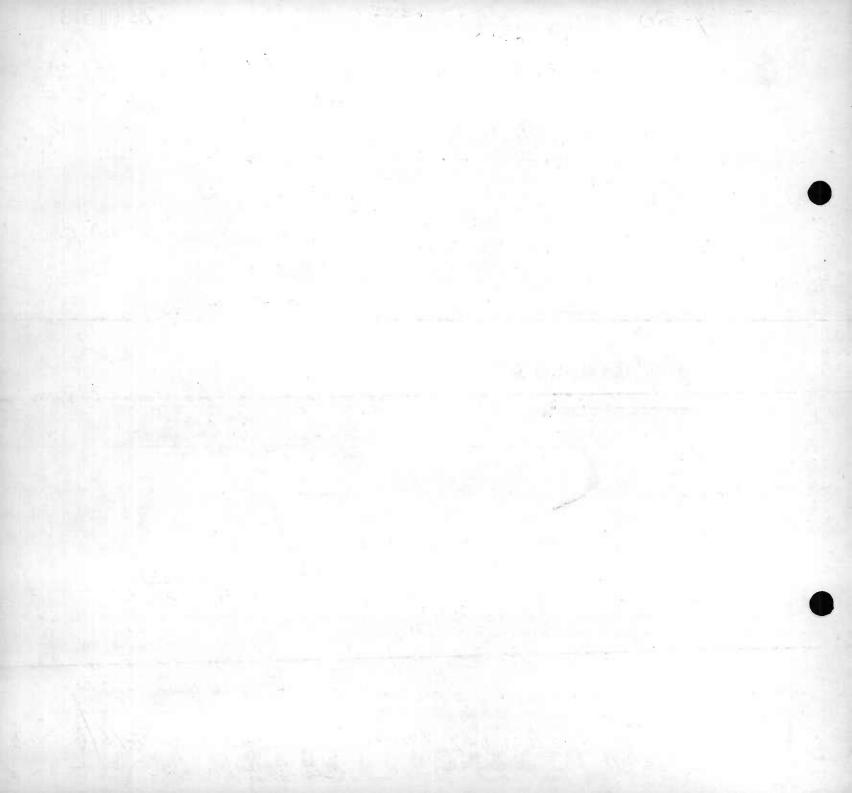
K-256 72 0157		Y HEALTH DEPARTMENT	REG. NO.	72 01572
BIKIN NO.	CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECEASED	12.001:1	2. DATE AN	D HOUR OF DEATH	
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	KOSHLIA	12/12	172 1	2:15 AM M
STEACE IN BACHMORS, MARILAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN	e deceosed lived. If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	Md. Asi	ie. Arks	1e/ 5200
NOITUTION		C. CITY OR TOWN		SIDE CITY LIMITS?
WORTH CHARLES GENE	ERAU HOSP	KIVIET & Bedo	h	YES NO Y
49	The state of the s	E. STREET AND NUMBER		1
5. SEX 6. RACE 17. aaa B			1 ROAD	
F WHITE WIDD	RIED NEVER MARRIED DIVORCED DI	8-4-94	9. AGE (In years last birthdoy)	If Under 1 %, If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
Packer		POLAND		Roland
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛĒ	1818161
RYBAK			4044	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give well of doles of serv	16. SOCIAL	17. INFORMANT		ADDRESS
NA	SECURITY NO.	FUV	. 11 22	(61.01 2 1
118,	CAUSE OF DEAT	Trank Racima	rayk 200	C4 E/S PZ ROS d
DISEASE OR CONDITION DIRECTLY				ALL ROSINGIE HATERY AL
LEADING TO DEATH		DSCLEROTIC BAI	RVIOURSeu	LANC
(This does not mean the mode of dying,	e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF:	EASE, GENE	TALLY TY
hearl failure, osthenia, etc. It means the dise injury or complication which caused deoth.)	ase,	t Max	2-13- 140-00	14000
ANTECEDENT CAUSES		140		
DISEASES OR CONDITIONS, if ony, gi	vine DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating	ine			
UNDERLYING CONDITION last.	(C)			
Z OTHER SIGNISIONAL CONTRIBUTION	Λ		l a	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OF CONDITION GIVEN IN PART 1 (A)	NG PIA	BETES MELL	TUS , Hope	PTENSION
	***************************************	20A. AUTOPSY? (Yes or No)	11	
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OK WHICH OFERATION	Tow Will Inter at May	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	lif in Polatina	Charles and the second
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examine)	home, farm, factory, street, of	fice bldg. INJURY OCCUR?	lit in pairing	e City, give exact location)
U I I I I I I I I I I I I I I I I I I I				
OF INJURY (Month) (Day) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work At Work	° 🗆 📗		
22. I certify that (1) (this hospital) attend	ed the deceased from	1 10 1	07 V 00 2	112 1072
that (1) (we) last saw the deceased alive		19 7 and the	t In(my) (our) opl	nion death occurred on the date
and hour and from the causes stated abov	e. (1) (We) (did) (did not) v			
23A, SIGNATURE	A			23 B. DATE SIGNED
tulino 6. Uniter	A Dhaw		Stoff Phys.	2/12/72
23G. PHYSICIAN'S NAME (Type)	DEONEE	23D. ADDRESS	7.7	1 1 1 1 1
RUFINIO G ALDAIT	FUE CORO Led	2724 DORT	4 CHAPIL	4 ST RAITH
24A. BURIAL CREMATION, 24B. DATE 244	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION	ty, town, or county) (State)
REMOVAL (Specify)		/-	2.17	ty, town, or county) (State)
DUTIZ/ 25A; DATE REC'D BY-HEALTH DEPT. 125B, NA.	toly Roszs-y Cr.	150	11/14077	1101 y 124d
	12/02 2001000			
25AT DATE REC'D BIGHEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	FTEVEUS F	ADDRESS TIC

Examiner

Medical

ps

Released



11) 125 72 01574 BALTIMORE	CATE OF DEATH REG. NO. 72 01574
BIRTH NO. CERTIFI	CATE OF DEATH REG. NO. 12 U15/4
1. NAME OF DECEASED Wilson, Mary Via	1 Co. / Seller D. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED/DEAD	4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence belore armission) A. STATE & COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN 12 D. INSIDE CITY LIMITS?
Down down Hoon	Balkinon YES NO
39 10000000	E. STREET AND NUMBER 28/0 Louden au
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2-13-85 birthdoy) 86 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND (done during most of working life, even if refired)	JSTRY 11. BIRTHPLACE (State of foreign country) Baltimore Md 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Teats	Sophia Hawkins
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war ar dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No CAUSE OF E	Maxine Lane, 2810 Louden Ave.
DISEASE OR CONDITION DIRECTLY	DEATH Multiple decusion APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE DUE TO CO.	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	R AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	CVA.
DISEASES OR CONDITIONS, if any, giving	OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	
7 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS FERFORMED	No IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm, facility, site	e.g., in at about 21 C. WHERE DID (If In Baltimore City, give exact location) et, allice bldg., INJURY OCCUR?
OF INJURY OCCURRED	
IAPPROX.I Work At	While D
22. I certify that (1) (this hospital) attended the deceased from	2 - 5 19 1210 2 - 7 19 72
mer (1) they less saw the deceased diffe di	19 and that In(my) (our) opinion death accurred on the date
and hour and from the causes stated above. (1) (We) (did) did n	ot) view the body after death.
4. Chitash DEGREE	Attending Med. Staff Phys. Director Phys. 2-9-72
23 C. PHYSICIAN'S NAME (Type) V. Chitradee	23D. ADDRESS Procudent Boos
	GREE 24D. LOCATION (City, Jewn, or county), (State)
Burial 3-14-72 Carver Hem	orial Park Laurel, Haryland
FEB 14 1972 Page & Ja Col ASS (1)	Charles A. Cice 661 W. Barre St.
VS 150-REV, 1/1/68	

A-536 BIRTH NO. NAME OF DECEMBER	ITY HEALTH DEPARTMENT 74	2 01575
BIRTH NO.	ATE OF DEATH	
(Type or Print) SOLOMON S. ANDERSON	2. DATE AND HOUR OF DEATH	7.00 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	February 9, 1972	3:00 A. N
	A. STATE B. COUNTY	residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	4804
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY	_
00	Baltimore YES	NO
5513 Gwynn Oak Ave.		
	5513 Gwynn Oak Ave.	
M. C. MARRIED NIEVER MARRIED WIDOWED DIVORCED	1/1/05 67	ler 1 Yr. If Under 24 Hrs. Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY
Construction	Pennsylvania	J.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unk.	Unk.	
S. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war ar doles of service) SECURITY NO.	17. INFORMANT	ADDRESS
no 213-03-741		Oak Ave.
18. 4/2 3 1-09 / CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 1 1 1 1 1	2 10 11
IThis does not mean the made of dying, e.g., (A) MMMEDIATE C	AUSE Congistion heart for lune	3 /min
heart laiture, asthenia, etc. It means the disease, injury at complication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES	2 6 2 2	
(8)	9 () ()	1 4
tise to the above cause (A) stating the	AS A CONSEQUENCE OF:	0 1
UNDERLYING CONDITION last. (C)	remina	2 whs
11		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	atent Sunhylis	9
CIDISFASE OR CONDITION GIVEN IN PART 1 (A)		·
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street,	in or about 21C. WHERE DID (If In Baltimore City, gl	ve exact location)
DEATH inalify medical exominer)	outes piggin INTOKE OCCORS	
21D. TIME (Manth) (Day) (Yeor) (Haur) 21E. INJURY OCCURRED White At F. Not Will	21 F. HOW DID INJURY OCCUR?	
	hile r	
11016 - 21 1101	III.	
22. I certify that (1) (this hospital) attended the deceased fram	Jan 19 72 to Feb	19_72
that (1) (we) last saw the deceased alive an	19 72 and that In (my) (aur) apinion dec	th accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE	23B, DA	TE SIGNED
Decrees Pr	Hending Med. Staff Phys.	-9-72
23C. PHYSICIAN'S NAME (Type) BOON UNNASIN	23D. ADDRESS Rovident Hosp	Balli, Md
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town,	or county) (Stote)
5A DATE REC'D BY HEALTH DEPT. 1258 NAME OF REGISTRAR	,	
FEB 1 4 1972 Pale & F. Jabe 7 10 0	2SC. FUNERAL DIRECTOR	ADDRESS
\$ 150-RFV. 1/1/68	Charles A. Rice 661 W. B	arre St.

.ever 91 in a verific proper for the Later Supply with T 007 25 004 37-5-8 8 Road Ay per MILEN VARALIN

J-520 72 0157	BALTIMORE CIT	Y HEALTH DEPARTMENT		544
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 01576
1. NAME OF DECEASED (Type of Print) JONES, LOUIS S	AMUEL	2. DATE A	AND HOUR OF DEATH	1:30AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (W		nstitution: residence before admission)
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION) JOHNS HOPKINS HOSPIT	STITUTION, GIVE STREET	C. CITY OR TOWN ANNAPOLIS E. STREET AND NUMBER	LAND AA	VES NO NO
5. SEX 6. RACE 7. MADE		8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
MALE NEGRO WIDOW		10/26/32	lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINE Jose during most at working life, given if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Lo	reign country!	12. CITIZEN OF WHAT COUNTRY
prhenter Helper		Cumberston	e.md.	21.8.0
The state of the s		14. MOTHER'S MAIDEN NA	AME	
JONES. LÓUIS SR.		OFFER,	MARY	
 Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) of yes, give war or dates of serving. 	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	216-28-5014	marina	men 211	Dura Anno
16.42191	CAUSE OF DEAT		mes-3010	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		- 10 (/n	()	ETWEEN ONSET AND DEATH
LEADING TO DEATH	A A MANAGEMANT CAL	- Introduly	red lement	30
(This does not mean the mode of dying,	(A) IMMEDIATE CAI	A CONSEQUENCE OF:	in Johnson	
heart failure, asthenia, etc. It means the discriniury at complication which caused death.)	350,			0
ANTECEDENT CAUSES				
	(8)	A CONSEQUENCE OF:	***************************************	*************************
DISEASES OR CONDITIONS, if any, giv	the	A CONSEQUENCE OF:		
UNDERLYING CONDITION last,	(c)			
11	. 1	1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	1G 1/	1000 tomorios		
TO THE DEATH BUT NOT RELATED TO THE TERMIN LDISEASE OR CONDITION GIVEN IN PART 1 (A).		They purdent		******************************
19A-DATE OF OPERATION 19R CONDITION FO	OR WHICH OPERATION	20A. AUTOPSYZIYES OF N	10) 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., hame, farm, lactory, street, o	n or about 21 C. WHERE DID	(If In Baltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examined)	etc.)	lice bidg. INJURT OCCUR?		
21D.TIME (Month) (Doy) (Year) (Haur)	21E INJURY OCCURRED	OLE HOW BID IN	HILLY OCCUPA	
2 Or Mark	While At Nat Whil	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	Wark At Work	°U ,		1
22. I certify that (I) (this hospital) attende	d the deceased fram	2115	19 12 10	2/12 19/2
that (1) (we) last saw the deceased alive of	0 11)	19 77 and t		nion death occurred on the date
and hour and fram the chuses stated above				seem occomed on mis date
23A. SIGNATURE	· (Come) (GIG) (MAN MOT) V	iem the bady after death.		23 B. DATE/SIGNED
M Mame N	Atte	nding Med.	Stoff [7]	2/11/72
23C. PHYSICIANS	OEGREE Phy	Director L	Staff Phys.	14/11/4
NAME (Typel	DMD	23D. ADDRESS	NE HOSDIT	A1 /
KRAMER, ROBERT	U. M.U.	JOHNS HOPKI	NO HUSPITA	ML /
REMOVAL Specity) 248. DATE 240	NAME OF CEMETERY OF CRI	MATORY 24D	LOCATION / (C.	ly, town, or county) (Store)
(Durial 2/18/77)	Mt l'AVais	W I	March	(1) (1)
25A. DATE REC'D BY HEALTH DET. / 25B. NAM	NE OF REGISTRAR	250-FUNERAL DIRECTO		ADDRESS
A CONTRACTOR OF A CONTRACTOR O	en Ma n n	1 1 1 2 0		7 0 120
/S 150-REV. 1/1/68	1 60	J. J. Willis	of yelder	11- MANYING
			/	

intropped 21 8.0 " rathagadais Jones 3014 happertan Comment applies met. Calency (Comments) 2311 Roslyn Ave. 21216

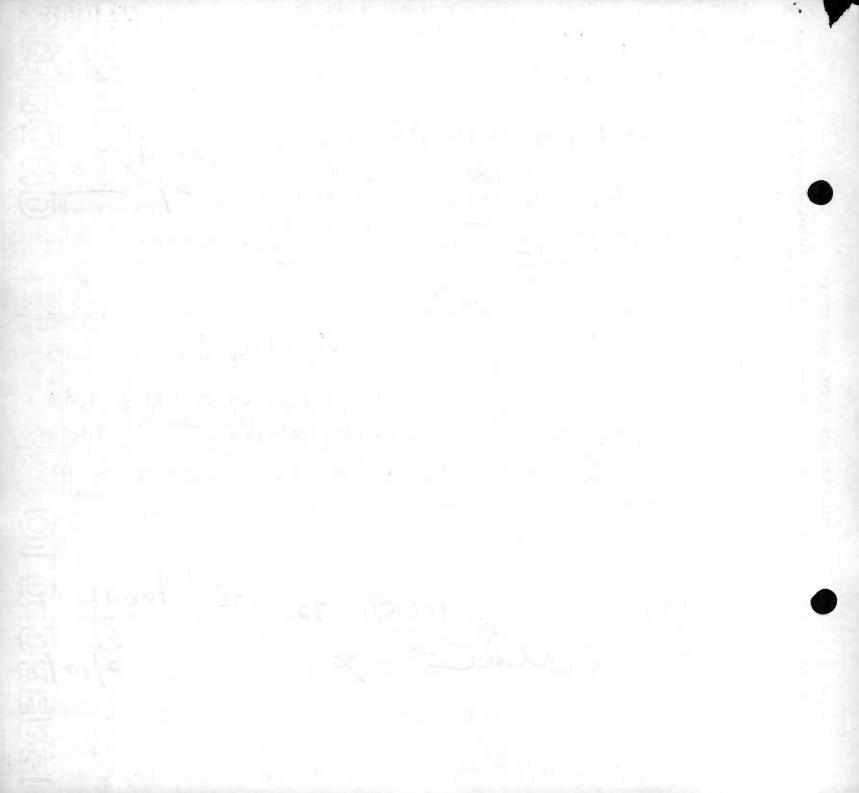
Brewer 3/17/72 Brewer Hill

William Rober, II - amyor Wal-

7/16/70 1363 Kitmore Td 2/2/2 IMPORTANT

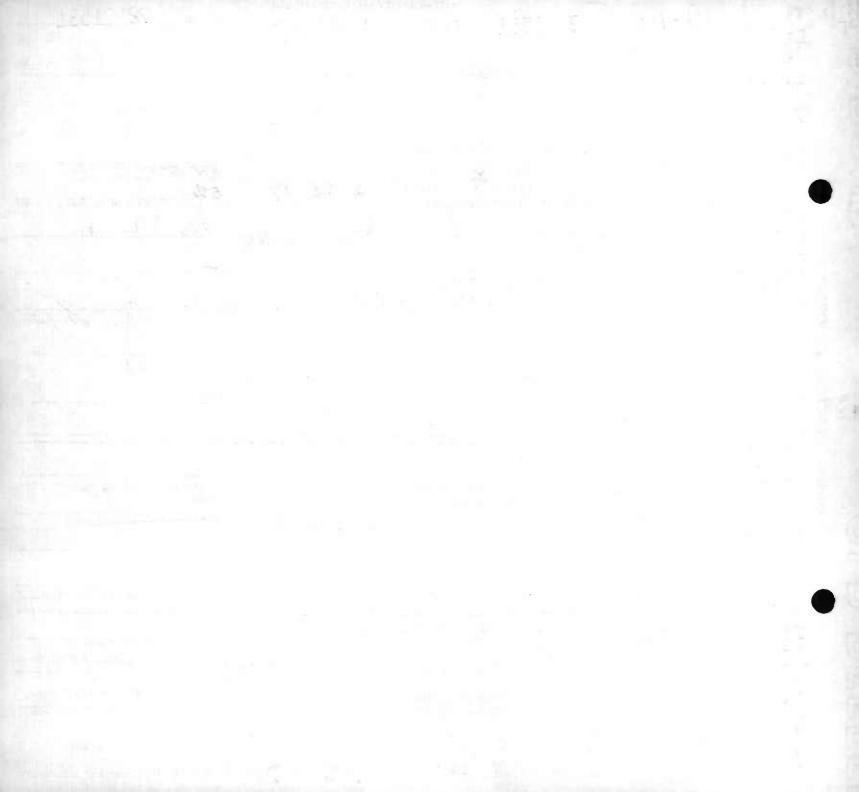
FUNERAL DIRECTOR:

0	BALTIMORE CITY	HEALTH DEPARTMENT		72 01579
BIRTH NO. 72 U1579	CERTIFICA	TE OF DEATH	REG. NO.	12 01010
1. NAME OF DECEASED (Type or Print)	Chase	2. DATE AND I	OUR OF DEATH	418/12/2
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	NCED DEAD	A. STATE B. COUNTY	eceased lived. If institution	on: residence before admission
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OR LOCATION)	TON. GIVE STREET	A. STATE B. COUNTY C. CITY OR TOWN	ID. INSIDE CI	1702
Marylord General	108p101	E. STREET AND NUMBER	VES YES	
4-8		1102 DRUIC	1 Hell A	VE.
5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED .	8. DATE OF BIRTH 9. A lost	GE (In years If L birthday) Man	Inder 1 Yr. If Under 24 His this Doys Hours Min.
10A, USUAL OCCUPATION [Give kind of work 10B, KIND OF		11. BIRTHPLACE (Stale or fareign of	Sountry) 12-	CITIZEN OF WHAT COUNTR
dane during most of working life, even if refleed)		1/17/91	(2 S. A.
- WINTERS		14. MOTHER'S MAIDEN NAME		
	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	-19-30-91694	Lun C. Chas	SE	
18, 250, 91	CAUSE OF DEATH		2.7	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			1	BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAU		(ARROS)	20 mm
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	J	
injury or complication which caused death.)			,	
ANTECEDENT CAUSES	(B) 1+C0+C	2 Dreuma	ma and	1 da -
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	DUE TO OR AS	CONSEQUENCE OF:	longh, he	
UNDERLYING CONDITION lost	(c) tra	hetes Mellite	IA WITS	7400
_ 11		1.7	7	+
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Conge	stive I dead	10. Pa. 20	2 mº/
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).			quie	300
19A-DATE OF OPERATION 19R CONDITION FOR WE	IICH OPERATION	20A. AUTOPSYZ (Yes or No.) 20	B. IF YES, WERE FINOIN CERTIFYING CAUSES (IGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PI	ACE OF INJURY (e.a. in	or about 21 C. WHERE OLO	(If in Boltimare City.	give exact location)
OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examinet)	form, factory, street, offi	ce bldg., INJURY OCCUR?	NIA	g case toconon;
Q 21 D. TIME (Manth) (Day) (Year) (Manth) 21E, It	JURY OCCURRED	21F. HOW DID INJURY	OCCUP?	
While	At Not While		1/1/	
/ / / T Work	At Work		10/19.	1. 1.7
22. I certify that (I) (this hospital) attended the	deceased from	1. 70	12 to FC	19
that (I) (we) lost sow the deceased office on	The of		(my) (our) opinion d	leath occurred on the dat
and hour and from the causes stated above. (1)	We) (did) (did not) vi	ew the body ofter death.		
IN DILL	O MD Atten	ding Med. Stoff		DATE SIGNED
and Burgley and	DEGREE Phys.	Director Phys.		2/12/78
23C-PHYSICIAN'S NAME (Type)	2:	ADDRESS	11	
	GEGREE	MARY GIEN. +	Hosp. Ba	Timore li
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	E of CEMETERY PE CREA	MATORY (24D. LOCAT	TION (City, tow	n, or countyl (State)
BusiaL 2/18/72 Ac	autus liet	BARK ROLL	imvarz	lud
25A. DATE REC'D, BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	1-11/2/2	ADDRESS
LERIO BLE NORTH & Agreet	AND O	Charles Rila	w hoalun	ay 80 mindiscry
				A 11 1 - 1 - 1

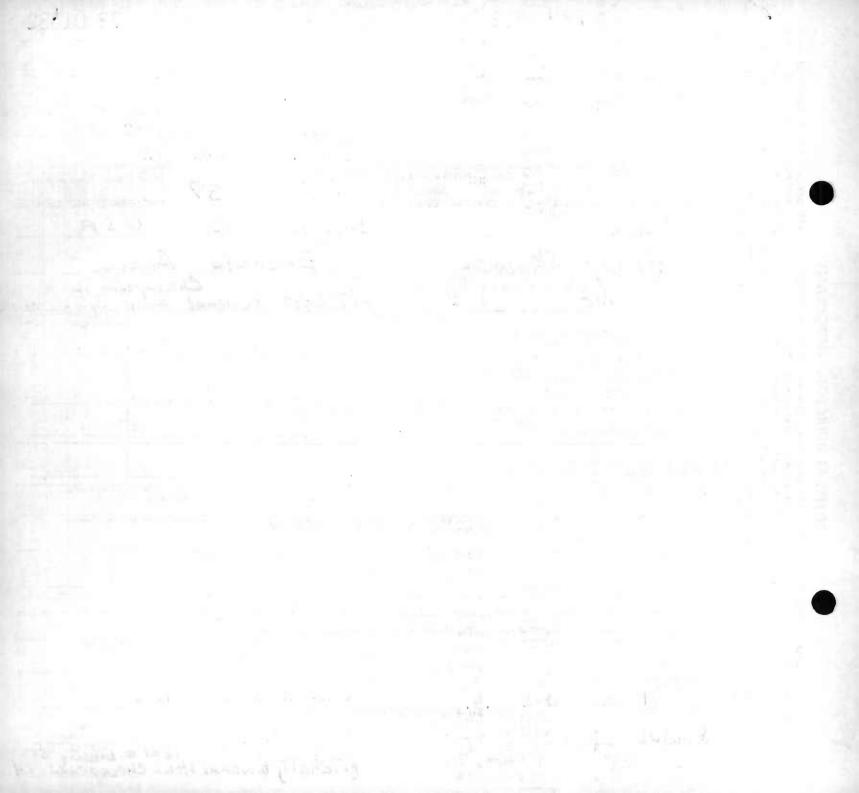




BIR	11) 1105	ATE OF DEATH X REG. NO. —	72 01581
1.1	NAME OF DECEASED WILSON LOUISE	2. DATE AND HOUR OF DEATH	721 4.40 1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	nstitution: residence before admission)
FU	OLL NAME OF OF THE STREET OF T	MARYLAND PALID	IDE CITY LIMITS?
IN.	STITUTION	BALTITORE	YES NO
	SINAL HOSOITAL OF BALTIMORR	E. STREET AND NUMBER 6008 NAHANT BD	
	SEK 6. RACE NOWED NEVER MARRIED DIVORCED DI	8. DATE OF BIRTH 6-25-19 9. AGE (In years lost birthday) 52	If Under Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR' ne during most of working life, even if refired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	45,4,
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 15. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	1220-18-6953 CAUSE OF DEAT	TALBERT WILSON TO	6008 N.
ATTON	UNDERLYING CONDITION (cst. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	S A CONSEQUENCE OF:	ENDING CONCRETE
CERTIFIC	19A DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED FAIR	20A-AUTOPSYS (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
	OR CONTRIBUTING TICAUSE OF home, form, foctory, street,	in or obout 21 C. WHERE DID (If in Boltimo office bidg, INJURY OCCUR?	re City, give exact location)
MEDICAL	21D. TIME (Month) (Doy) (Year) (Hous) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Whi Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive an and hour and from the causes stated above. (1) (We) (did) (did not)	/3 - 2/ 19 72 to	19 XZ
	23A. SIGNATURE ONCE MEDICAL DEGREE PH	tending Med. Staff.	238, DATE SIGNED 9-13-23
37	23C. PHYSICIAN'S NAME ITYPE SHAP RANGE THAT MUSIKABHUP MA DEGREE	23D. ADDRESS PINAL	COF BALTIHORIZ
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CHEMOVAL ISPOCITY 2/17/22 LAT AUBURN A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	4 10	12 MD ADDRESS
VS	FEB 1.5 1972 P. G. B. B. Ja. B. B. O O O	Charles & ban hond	ary Plandison Al



79 0450	BALTIMORE CITY	HEALTH DEPARTMENT		wa a . Laa
-560 72 0158	CERTIFICA	TE OF DEATH	REG. NO.	72 01582
Type or Print)	- Harel	2. DATE AND	HOUR OF DEATH	13500
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	1.11	nt residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATIONS INSTITUTION		MARYLANI		103
1/0/	1 11 - 1	BALTIMORE	YES	
The Johns TTOPKI	os Hospilal	514 N. PAT	TER SO N PARK	
S. SEX G. RACE N - 7- MARR WIDOW	IED NEVER MARRIED DIVORCED	8. OATE OF BIRTH 03/10/32	AGE (In years of Mon	Inder 1 Ye If Under 24 Hr
IDA. USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTE
done during most of working life, even if refired)		Chesapeake	Va.	USA.
3 FATHER'S NAME		14 MOTHER MAIDEN NAM		
HARRY SKIN	VEOL	ELCO.	NIA GO	zum
5. Was Decoused Ever in U. S. Armed Farcos? Yes, no or unknown) lif yes, give war or dates of servi	ce) SECURITY NO.	17. INFORMANT		ADDRESS PRAKE VA.
NO	7	FITCHETT F	UNERAL HOW	
18.5 7/.51	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			C. Tol	Tomino
(This does not mean the mode of dying,		A CONSEQUENCE OF:	Complete	10 rranue
heart failure, asthenia, etc. It means the dise	cse,		V	
ANTECEDENT CAUSES	aut.	renal failur	e. Chyperkule	1 2 days
DISEASES OR CONDITIONS, if any, give	ring DUE TO, OR AS	A CONSEQUENCE OF:	e Crapperpare	and the second
rise to the above cause (A) stating UNDERLYING CONDITION tast.		lie Colma		4days
1	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG D-1-0	1 - +	1.1.4.	
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		hyperlension +	communa	
19A DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A AUTOSSIZ (Ves or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES	IGS CONSIDERED OF DEATH?
3 d///2 Bleetin &	somascal /arice	0 100		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21& PLACE OF INJURY (e.g., a home, form, fociory, street, o etc.)	fice bidg, INJURY OCCURY	lit in sollimore City,	give exact location)
MI CO C ASSESSMENT	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCURT	
(APPROX)	While At D Not While Work At Work	• 🗆		
22. I certify that (I) (this hospital) attend	ed the deceased from	2/7 19	72 10 5	2/11 19.7.7
that (1) (we) last saw the deceased alive	- 1	7 5		death occurred on the d
and hour and from the causes stated abov	e. (1) (We) (did) (did not)			
23A. SIGNATURE			23 B.	DATE SIGNED
Marrel Los Da	9h.,	ending Med. S	taff.	2/11/72
23C. PHYSICIAN'S	AAA I I I CO LUCUREE	23D. ADDRESS		1/
DAVID LEE BOWMAN	MD	JOHNS HOPK	INS HOSPITAL	
24A. BURIAL CREMATION, 1248. DATE 124	M.D. DEGREE			vn, or county) (State)
REMOVAL (Specily)	2 - 1	0 1	14	1/2
25A. DATE RECID BY HEALTH DEPL 125B. WAL	MODERFEITER	25C, FUNERAL DIRECTOR	SAPEAKE	- ADDRESS C-
CER 1.5 1077 (7.4. 6 E. 42.	ALL ALL DATES AND AND ADDRESS OF THE PERSON	TAGE TOTTENED DIVERTOR	1821	
The state of the s	Ber Man	6.701.55	11102	E DIPERTA
S 150-REV. 1/1/68	54 240 D C	FITCH STOW	VERAL Home	hesapeaks !



BIRTH NO.	MED	ICAL E	XAMINER'S	ERTIFIC	CATE OF	DEAT	H REG. N	0. 7	2 015	183
(Type or Print)	CEASED LOO			2. DATE OF	KnownXX	Month 2	13 ^{Doy}	72 Yeor	Hour	
4 PLACE IN RAI	Bridget Tay		OUNCED DEAD	DEATH 3. DATE	Estimoted	Month	Doy	Yeor	Hour :	М.
FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUT			INCED DEAD	2	13	72	10:0	0 a.
or Institution	Maryland G	eneral 1	Hospital	5. USUAL RE A. STATE Md	• (When		ed. If institu B. COUNT		before odmis	ion)
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?		
female 9. DATE OF BIRT	White	WIDOWED			lto.			YES 📉	NO 🗌	
Aug. 6,	1898 lost birthdo	73 Mon	nder 1 Yr. If Under 24 Hrs. ths, Doys, Hours, Min.	10	3 E. 22nd	_	t			
Detroi	State or foreign country) Lt, Mich.		WHAT COUNTRY?	13. FATHER'	?	?		LOGS	TON	
done during most of	JPATION (Give kind of work working life, even if retired)		ONE	UNI	KNOWN					
16. WAS DECEAS (Yes, no or unknown NO	(If yes, give wor or dotes	FORCES? of service)	17. SOCIAL SECURITY NO. NONE		W. Tayl		3 E.	ADDRESS 22nd.	st.Cit	y18
19. 14 1	24	150	CAUSE OF DEA					1	APPROXIMATE IN	TERVAL
DISEASES RISE TO TH UNDERLYII OTHER SIGN TO THE DE	NTECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA' NG CONDITION LAST. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO R CONDITION GIVEN IN PA	ONTRIBUTING	(C)	AS A CONSEC	QUENCE OF:					
20A. DATE O	F OPERATION 208. COM		WHICH OPERATION W	AS PERFORM	ED			21. AUT	OPSY? (Yes o	r No)
0									no	
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	228. hom	PLACE OF INJURY(e.g., e, form, foctory, street, offic	in or obout 2 e bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimor	e City, give	exoct location)		
22D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year	,		WHILE ORK	2F. HOW DID IN	JURY OCC	IR?			1
23.	tify that I held on I	A	Inspection XX Au	le 🗌 Ho	ond that on t	Undetermi			DATE SIGN	NED
ACTUAL SIGN AT EXAMIN	URE Peter Li	Pkovic,	M D. S		CIATE MEDICAL				2/13/	72
ACTUAL SIGNAT	URE Peter Li Type) MATION, 248. DATE	24		ASSO	CIATE MEDICAL RY 24D.	LOCATION	(City, 1	lown, or count	y) (Sto	

0 -			BALTIMORE CITY	HEALTH DEPARTME	INT	72 (01584
3-53	30 72	0158	4 CERTIFICA	TE OF DEA	TH REG. NO		7004
BIRTH NO.					ATE AND HOUR OF DEA	ATH	
Type or Print)	MAMIE E	. SMIT	H	-			11.45 A N
3. PLACE IN BA	ALTIMORE, MARYLAND, V			4. USUAL RESIDENC	Feb. 12, 1972 E (Where deceased lived.	If institution: res	idence before admission)
FULL NAME O HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	Maryland	i	a	2759
NOITUTION				C. CITY OR TOWN		INSIDE CITY LIN	
4 4	NION MEMORIAL	HOSDT	ጥለ ተ	Baltimor	re,	YES X	NO .
, , 01	VIOW PHINOITIAL	i HOD: T	IAL		ch Raven Bl	ard	
- SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		
FEMALE	CAUCASIAN	WIDOWED	= =	March 19,	1905 birthdoy)	1 :	Doys Hours Min.
	CUPATION (Give kind of wor			11. BIRTHPLA CE (Stote	or foreign country)		N OF WHAT COUNTRY
House	of working life, even if retired) ewife			Maryland		U.	S.A.
3. FATHER'S N.				14. MOTHER'S MAID			
	Charles S Co	ook		Emma K	Mears		
S. Wos Deceos	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No	with the yes, give wor or don	es of service)	213-16-4330	Miss Evel	lyn Smith	Sa	me
18. 7 4	0.91		CAUSE OF DEATH	1			APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY	arterio	cerotic her	ert cliseave		2 Gass 1
(30)	LEADING TO DEATH		(A) IMMEDIATE CAU				" Jeans
	nal meon the made of e, aslhenia, etc. It means		DUE TO, OR AS	CONSEQUENCE OF:			
injury ar co	amplication which caused	l death.)	E	1-9-	1-1-		
	ANTECEDENT CAUSES		(B)	A CONSEQUENCE OF	etus.	4	11 years
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	,		
	the above couse (A)	sloling the	(c)				
	11		(0)				
OTHER SIGN	II HIFICANT CONDITIONS CO	NTRIBUTING					
IN INE DE	ATH BUT NOT RELATED TO T	HE TERMINAL					
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No) 20B. IF YES, W	ERE FINDINGS C	CONSIDERED
214 4 6 6 15	CHIT WAS HAD SPINING S	1 1010	N. a. a. h.	1 1210 141150			
OR CONTRI	DENT WAS UNDERLYING DIBUTING CAUSE OF hify medical examiner	21 B. hom etc.)	PLACE OF INJURY (e.g., in the form, foctory, street, of	fice bldg., INJURY OCC	DID (If in Bol)	tlmore City, give	exoct location)
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
OF INJURY		Whi	ile At Not While				
		44.0	IK - AT WORK	0 00 000	1970 ta -	Felinan 1	L 1972
	fy that (1) (t his hospit a		he deceased from K	72	19 /ta) section) /	
	all last saw the decease				and that in(my) (our)	apinian death	accurred an the dat
and havr a	and from the exuses sta	ted abave. (I	(did) (did nat) v	lew the bady after o	leath.		
23A. SIGNAT	TUILE					238. DATE	SIGNED
	file	2		nding Med. Director	Staff Phys.	2/	14/72
23C. PHYSIC	IANS		DEGREE	23D. ADDRESS		/	
NAME	Edward J	Alessi	M.D.	6217 Harf	ord Rd Bal	timore.	Maryland
4A. BURIAL CE	REMATION 248 DATE		AME of CEMETERY OF CRE		24D. LOCATION	(City, town, or	
Buria	1 2/15/		arkwood		Baltimore		
	D BY HEALTH DEBT	DEP-NAME C	OF REGISTRAR	2SC. FUNERAL DI			ADDRESS
CED15	1072 (3.4	Vale	AL.		. Ruck, Inc	Balto, M	
S ISO-PEV 1/1	1/68	1 4	2000	1 5 8	0	,	
	17.00				No."		

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	eval must be obtained before the remains are embalmed or final disposition is made.	11:
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NAME OF DECEASED	3-2115773	2. DATE AL	NO HOUR OF DEAT	ГН
Type or Print) Sarah H Gatch		Febr	uary 13,1	1972
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before admissi
ULL NAME OF (IF NOT IN HOSPITAL OR I	INSTITUTION CIVE STREET	Maryland		2739
ULL NAME OF (IF NOT (N HOSPITAL OR I IOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	VSIDE CITY LIMITS?
21		Baltimore.		YES NO
70		E. STREET AND NUMBER		
Gould Convalesario	ım	5016 Bento	n Heighte	ATTO
	RRIED NEVER MARRIED	5916 Bento	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	OWED TO DIVORCED	Nov.20.1895	lost birthdoy)	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108. Kfh		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUN
one during most of working life, even if retired) Housewife		Minhiman		II C A
		Michigan		U. S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	
William H Hunter		?		Y
. Was Deceased Ever in U. S. Armed Forces? es,no or unknown)((If yes, give wor or dates of ser	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-03-917	3D Mrs Sanah	West Of	E. Merritt Ave
18. 491 X d 750	CAUSE OF DEAT		WC30 70	APPROXIMATE INTERVA
				RETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Left &	Conter Robe	puent	work ? Dan!
(This does not mean the made of dying,	(A) IMMEDIATE CA	USE		3 Week
tims does not mean me made at dying.				
		A CONSEQUENCE OF:		
hearf failure, asthenia, etc. II means the dis injury ar camplication which caused death.)	sease,	A CONSEQUENCE OF:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
hearf failure, asthenia, etc. It means the dis	sease,	A CONSEQUENCE OF:		
hearf failure, asfhenia, etc. II means the dis injury ar camplication which caused death.) ANTECEDENT CAUSES	(B)	1		
hearf failure, asfhenia, etc. II means the disinjury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the obave cause (A) stoting	(B)	A CONSEQUENCE OF:	<u> </u>	
hearf failure, asthenia, etc. II means the dis injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	(B)	1	á.	
hearf failure, asfhenia, etc. II means the disinjury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the obave cause (A) stoting	(B)	S A CONSEQUENCE OF:	å.	man
hearf failure, asthenia, etc. II means the disinjury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the obave cause (A) storing UNDERLYING CONDITION last.	giving (B)	S A CONSEQUENCE OF:	å.	neary
heart failure, asthenia, etc. II means the disinjury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the obove cause (A) stofing UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	giving DUE TO, OR AS (C)	s A CONSEQUENCE OF:	4	neary
hearf failure, asthenia, etc. II means the disiniury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, or is a line obave cause (A) storing UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION (198. CONDITION) 179.A.DATE OF OPERATION (198. CONDITION)	giving (B)	S A CONSEQUENCE OF:	o) 208. IF YES, WER	reary Jears RE FINDINGS CONSIDERED CAUSES OF DEATH?
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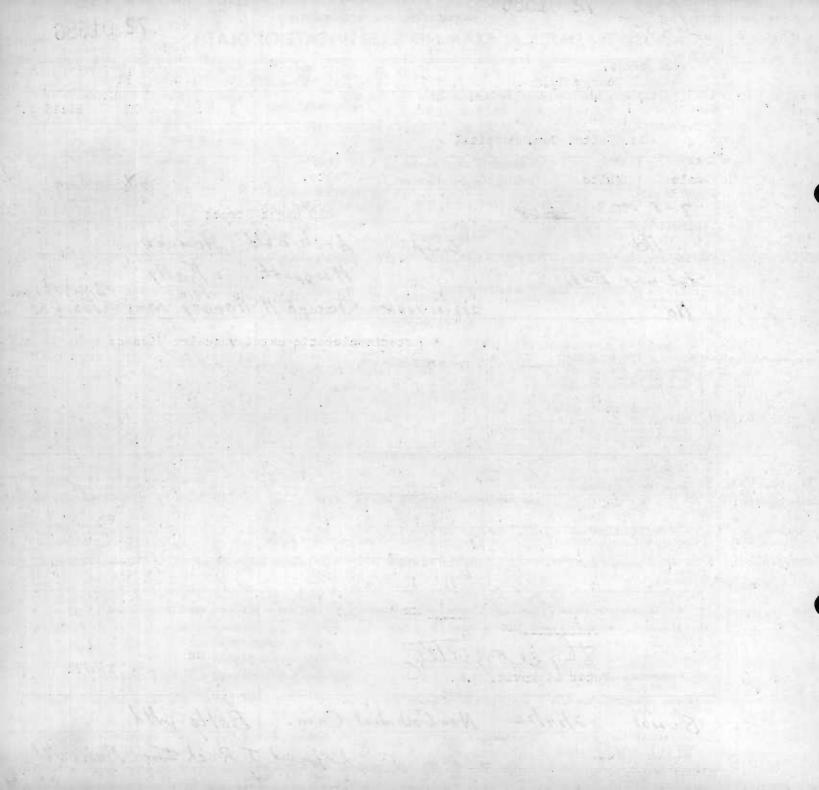
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4. PLACE IN BA				RONOUNCED	DEAD	3. DATE			Month	Doy		Yeor	Hour '
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male	White		WIDOV	VED 🗌	DIVORCED [lto.				YES X	1 1	NO 🗆
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EXAMIN NAME (NER'S Pet	er M	kovi	c, M.D.	0	ASS	OCIATE MED	ICAL EX	AMINER			2/4	4/12
24A. BURIAL CRE	MATION, 2	4B. DATE	,	24C. NAM	e of CEMETERY	ar CREMAT	ORY	24D. L	OCATION	(City,	town, or o	ounty)	(Stote)
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VS 151-REV. 1/1/6	В		1	I Gun	and Con		20	E-ud					



K-656 BIRTH NO.		1587 DICAL	BALTIMORE CITY HE	CERTIFIC	CATE OF	DEAT	H REG. NO	72	01587
1. NAME OF DEC	Cora Keri	ner		2. DATE OF DEATH	Known Estimated	Manth 2	Day 12	Year 72	Haur
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND, (IF NOT IN HOSE ADDRESS OR LO		RONOUNCED DEAD TITUTION, GIVE STREET	3. DATE PRONOL	INCED DEAD	Manth 2	12	Year 72	Б:40 а.
00	1105 Wed			A. STATE Md.	SIDENCE (When	e deceosed li	B. COUNTY	2	834
6. SEX female	7. RACE White	B. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	C. CITY OR Balt			D. INSIDE C	ES X	№ □
9. DATE OF BIRT	last birth	(In years doy)	If Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min.	E. STREET A	ND NUMBER	wood R		23 ME)	NO L
New Me	State or loreign country) -1.14B. KINE	12. CITIZEN OF WHAT COUNTRY? USA OF BUSINESS OR INDUSTR	13. FATHER'	s NAME en jamin	Cordo			
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(This daes n heart failure injury or con AN DISEASES (E OR CONDITION DIL LEADING TO DEATH at mean the made of , asthenia, etc. It means inplication which caused of NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S	dying, e.g., the disease, death.)	Alcohol a (A)IMMEDIATE (DUE TO, OR A) (B) DUE TO, OR	TH and barb CAUSE AS A CONSEQ	oiturate (PPROXIMATE INTERVAL VEEN ONSET AND DEATH
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	(pe or Print)	1/v. MA	.01	T	2. DATI	AND HOUR OF DEAT	28		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceosed lived. If	institution: residence before admission)		
FUH	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)				C. CITY ON TOWN D. INSIDE CITY LIMITS?				
	+5				Balto YES NO				
	The Control of the Co				6013 Framingham Rd				
5.	The Good SAMARITAN HOSPITAL SEX 6. RACE 7. MARRIED NEVER MARRIED								
	F	w	WIDOWE	DIVORCED	10-27-84	% AGE (In yeard last birthday)	If Under 1 Yt. If Under 24 Hrs. Manths Doys Hours Min.		
10/ doi	LUSUAL OCCUPATION to during most of working li	(Give kind of work)	OR KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Housewij				Marylar	d	TT-O A		
13.	FATHER'S NAME				Maryland U.S.A. 14. MOTHER'S MAIDEN NAME				
	Nicholas	Turner			Winifred Murdock				
15. (Ye	Was Deceased Ever in s,np or unknown) (If yes,	U. S. Anned Force	af sevice	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No			213-01-0590	Mrs Cathe	rine Rock	Comp		
	18. 153.X			CAUSE OF DEATH	rus cathe	erine nock	Same		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY (A)MMEDIATE CAUSE Calcing and Total Condition of								
	DISEASES OR CON ise to the obove UNDERLYING COND	DITIONS, il or	y, givin lating th	g (B) DUE TO, OR AS	A CONSEQUENCE OF:				
CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO THE N GIVEN IN PART	TERMINAL	***************************************					
ERTIFIC	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CALC	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF examined	lho	B. PLACE OF INJURY (e.g., in process, form, factory, street, office)	or about 21C. WHERE DIE	(If In Baltimo	re City, give exact location)		
MEDI	21D.TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeod	W	E INJURY OCCURRED /hile Al		INJURY OCCUR?			
	that (i) (we) Jast saw the deceased alive an 2/3 19 72 and that in (my) (aur) apinion death accurred on the date								
	and hour and from the causes stated above. (i) (We) (did) (did nat) view the body after death.								
r	23A. SIGNATURE 23B. DATE SIGNED Altending Med. Stoff								
	23C.PHYSICIAN'S NAME (Type)	J.C.	0.00	DEGREE Phys.	D. ADDRESS	Phys. L.	2115112		
24A	BURIAL CREMATION	248 DATE	24C.	NAME of CEMETERY OF CREA	MATORY 124D	LOCATION (C	ity, town, or county) (Stote)		
	Burial	2/16/72		klawn					
25A	FEB 15 19	TH DEPT 25	B NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OR	Baltimore, Md		
VS	150-REV. 1/1/68				3 (1)		,		

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VS 150-REV. 1/1/68

1/	BALTIMORE CIT	Y HEALTH DEPARTME	NT							
H-5/6 72 01	589 CERTIFICA	ATE OF DEAT	TH REG. NO	72 01589						
NAME OF DECEASED	-		TE AND HOUR OF DEATH	1000						
Type or Print) Eva S Hambur	V	Fe	bruary 13,19							
3. PLACE IN BALTIMORE, MARYLAND, WHERE I		4. USUAL RESIDENCE	E (Where deceased lived, If in	stitution: residence before admission						
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland	COUNTY	2738						
NSTITUTION ADDRESS OF EGGATION		C. CITY OR TOWN D. INSIDE CITY LIMITS?								
00		Baltimore YES NO								
1438 Cedar Croft			ar Croft Rd							
77 7 7 7 7	RRIED NEVER MARRIED DIVORCED	March 26,	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs Months Doys Hours Min,						
OA, USUAL OCCUPATION (Give kind of work 10B, KI				12. CITIZEN OF WHAT COUNTR						
Housewife Housewife		Maryland		U.S.A.						
3. FATHER'S NAME		14. MOTHER'S MAIDE	14. MOTHER'S MAIDEN NAME							
Charles E Smith		Eleanora	Batchelor							
6. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS						
es, no of unknown) (If yes, give wor or dotes of se	220-54-296	Mrs Mildr	ed Mae Scott	Same						
18.4 36 9 1	CAUSE OF DEA	TH		APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY		(200/	scular accide	T 2						
LEADING TO DEATH	(A) IMMEDIATE CA	USE	accipe	ed 3 day						
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	(this does not mean the mode of dying, e.g., DIFTO OR AS A CONSEQUENCE OF									
	injury as camplication which coursed death)									
ANTECEDENT CAUSES		arterios	clerosis	Veen						
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR A			7						
rise to the above couse (A) stating UNDERLYING CONDITION last.				U						
1										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
[TO THE DEATH BUT NOT RELATED TO THE TERM (DISEASE OR CONDITION GIVEN IN PART 1 (A).	MINAL									
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE office bldg., INJURY OCC	DID (If in Boltimor	re City, give exoct location)						
DEATH (notily medical examiner)										
21 D. TIME (Month) (Doy) (Year) (House (A PPROX.)	While At Not Wh	ile 🗂	ID INJURY OCCUR?							
13.7 10/0/	Work L At Work			2-/						
22. I certify that (1) (this hospital) atter	nded the deceased fram	1 0	19 <u>66</u> ta	+el-sury 19 72						
that (I) (we) last saw the deceased aliv	re an Sext	13 19 7/	and that in (my) (our) api	nian death accurred an the da						
and haur and fram the causes stated ab	ave. (I) (We) (did) (did not)	view the bady after d	eath.							
23A. SIGNATURE				23B. DATE SIGNED						
WITALINE		ending Med.	Staff	7-11-77						
23C. PHYSICIAN'S	DEGREE Ph	ys. Director	☐ Phys. ☐	10 17-14						
NAME (Type)	: N/ D									
	isano M.D. DEGREE		h Raven Blvd	Baltimore, Md						
REMOVAL (Specify)	24C. NAME of CEMETERY of CI	EMAIOKT		ity, town, or county) (Stote)						
Burial 2/16/72	Baltimore,		Baltimore, M	Maryland						
SA. DATE REC'D BY HEALTH DEPT. 258 N	AME OF REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS						
FFB15 1972 16868 & VA	BOY MAN O O	Leonard .	J Ruck Inc.	Baltimore, Md						

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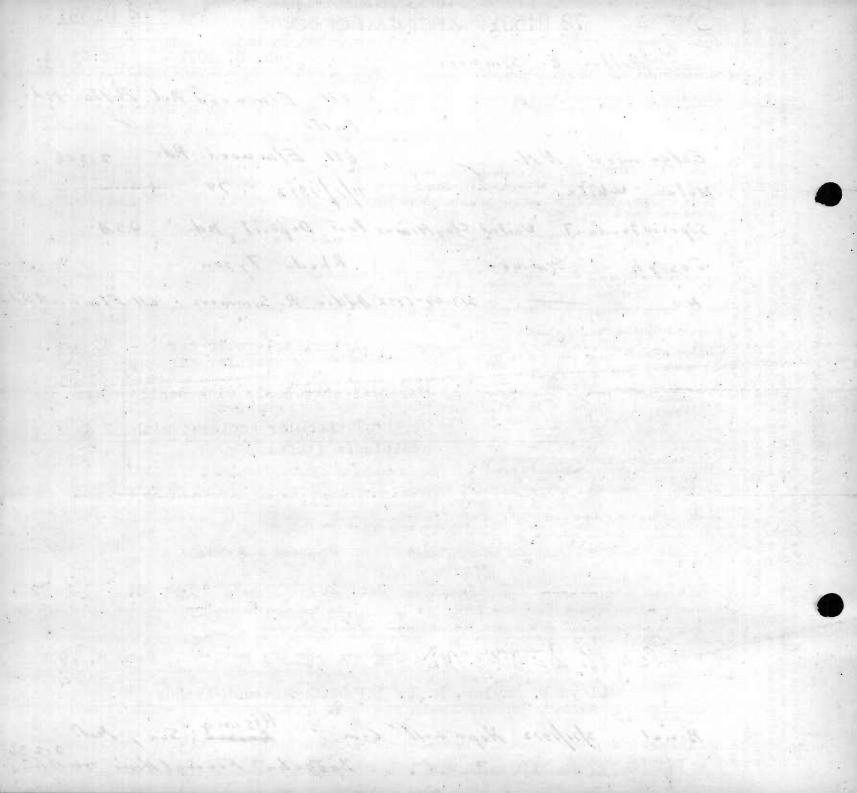
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VS 151-REV. 1/1/68

Evans & Son 8802 Harford Rd.

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S = = = = = = = = = = = = = = = = = = =		HEALTH DEPARTMENT	X REG. NO. 74	2 01591
0159	1 CERTIFICA	TE OF DEATH	REG. NO.	01031
I. NAME OF DECEASED			D HOUR OF DEATH	4.20
Aulhon 6. Si			8, 1972	8:15 A. M
B. PLACE IN BÁLTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	TY	in: residence befare odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C.CITY OR TOWN Balto	D. INSIDE CITYES	TY LIMITS?
9		E. STREET AND NUMBER	, 01	5300
Edge wood NH-			wood Rd.	21206
SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years II U lost birthday) Man	Inder 1 Yr. If Under 24 Hrs. ths Days Hours Min.
Mule White WIDOV OA. USUAL OCCUPATION (Give kind of work 10 B. KINE one during most of working life, even if retired)		11/1/882 11. BIRTYPLACE (Stote or foreign	gn cauntry) 12.	CITIZEN OF WHAT COUNTRY
	ed clay Him es	Port Deposi 14. MOTHER'S MAIDEN NAM	T pid.	0.5A.
5		Rhoda 7	7.	
5. Was Decadesed Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	4364	ADDRESS
Yes, na or unknown) (If yes, give war or dotes of servi	ce) SECURITY NO.	11/1	•	1 / 0
18. / / 1	2/3-01-6752	Addie R. S.	mmers 6/1	Elmucael Re
4/1.4	CAUSE OF DEAT	n		BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Anteniesele	metic condic	12 ****
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAL	JSE Arterioscle: Aconsequence of: vas	rotic carate.	- 12 yrs.
heart failure, asthenio, etc. It means the dise	ase,	A CONSEQUENCE OF: Vas	cular diseas	e
injury or complication which caused death.)	0	3		
ANTECEDENT CAUSES	(B) Cereb	ral thrembesi A CONSEQUENCE OF Cha	s with senil	e 3 me.
DISEASES OR CONDITIONS, if ony, give		A CONSEQUENCE OF:CUA	nges	
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	(c) Cerebi	cal vascular a	accident with	2 days
_	hemip			
Z		regre (Tere)		- The Control of
O THER SEGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	1AL		•••••	
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION		20B. IF YES, WERE FINDIN	IGS CONSIDERED
19A-DATE OF OPERATION 198. CONDITION F		No	IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (ngtify medical examine)	21B PLACE OF INJURY (e.g., hame, farm, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare City,	give exoct location)
21 D. TIME (Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
APPROX.)	White At Nat Whi	e 🗖		
	AT WORK		777 TO -1- m	70
22. I certify that (I) (this haspital) attend	ed the deceased from	ec. 20,	1971 to Feb. 8	19.72
that (1) (we) lost sow the deceased alive	on Feb. /,	19 /2 ond th	ot in (my) (our) opinion o	deoth occurred on the do
and haur and fram the couses stated abov	e. (1) (We) (did) (did 770+)	view the body after death.		
23A. SIGNATURE	2 2 -	, , , , , , , , , , , , , , , , , , , ,	238.	DATE SIGNED
Thousand South		ending Med.	Stoff T Plots	b. 8, 1972
22C BHYCICIANG	DEGREE Phy	s. Director 23D. ADDRESS	Phys. \square	0. 0, 1//~
23C. PHYSICIAN'S NAME (Type)				
Lleyd E. Sa	ylor, M. D.	3902 Greenmo	unt Avenue	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	1 17		vn. or county) (State)
P 1/2/1/22	2/ 11	(18)	5 Lng S	41
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAT	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	John John	ADDRESS 2 /2 2
FFD 1 5 0000 00 000	2.000	- 1 0 0 0	E. 111	
/S 150-REV, 1/1/6B	TO THE PARTY OF TH	Lassayn	/ un on al Ho	me 2001 Belon



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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

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IST PAPERS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

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0	72	04564	BALTIMORE CITY	HEALTH DEPARTMENT		70 04504
-5C	00	01594	CERTIFICA	TE OF DEATH	REG. NO	72 01594
I. NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	
(Type or Print)	SWAIN	ONALD	PRESCOTT	FFF	BRUARY 13,	19721 10:00A .m.
3. PLACE IN BA	ALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (W	here deceased lived If i	nstitution: residence before admission)
						2121-2717
HOSPITAL OR	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	CITY	21215
NOITUTITEN				BALTIMORE	D. INS	YES 🕅 NO 🗌
40				E. STREET AND NUMBER		YES NO
7	ST. AGN	ES HOSE	TAL	3339 A VOND		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	(f Under 1 Yr., If Under 24 Hrs.
MALE	CAUCASIAN		DIVORCED	11 22 26	45	Months Doys Hours Min.
	CUPATION (Give kind of work			11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
	of working life, even if reffred)	F1 F03	ED LCAI	MADVIAND		H C A
ELECTR		FLEC	TRICAL	MARYLAND		U.S.A.
3. FATHER'S N	AME			14. MOTHER'S MAIDEN	IAME	
ALFRED	SWAIN			AGNES (BUTT	INER)	
	ed Ever in U. S. Armed Ferr	ces?	6. SOCIAL	17. INFORMANT WILL	KENS AVES	, BALTOPPREMD . 21229
YES	WW2	of services	215224507	ST. AGNES HO	SPITAL REC	ORDS-CATON &
18. 1/2	1. 0		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DIE	RECTLY				BETWEEN ONSE! AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	RE Cerebral-	vascular acc	ident hrs.
	not mean the mode of		DUE TO, OR AS	A CONSEQUENCE OF:		
	e, asthenia, etc. It means omplication which caused					
	ANTECEDENT CAUSES					
DISEASES	OR CONDITIONS, If		(B) DUE TO OR AS	A CONSEQUENCE OF:		
	the above cause (A)		545 (5) 51111			
UNDERLYIN	NG CONDITION last		(c)			
-			. /	- //		- (2
OTHER SIGN	LIFICANT CONDITIONS COL ATH BUT NOT RELATED TO TH		NV of	Hypertan	Sier	months
V DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).	- N F U			
19A.DATE	WAS PER	PORMED	HICH OPERATION	20A-AUTOPSY? (Yes at	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF 21A. ACCID	ENT WAS UNDERLYING	a. aorma	- occlusion	n or obout 21 C. WHERE DIE	DE to Polymon	ore City, give exoct location)
. OR CONTRI	SUTINO CAUSE OF	home	form, factory, street, a	fice bidg. INJURY OCCUR	pr in bottime	ire City, give exect locotton;
O 21D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	215 HOW DID	INJURY OCCUR?	
S OF INJURY	(Monin) (Doy) (1eas				INJURI OCCURI	
(APPROXI				A PHONE		
		Work	Not While	• 🗆		
22. I certif	fy that (M (this hospital	Warl	AT ITOIR		_19 <u>72 ta FE</u>	BRUARY 13 19 72
	fy that ()) (this hospital) attended th	e deceased from JA	NUARY 30	7 -	5.1.5. 1.5
that (1) (we	e) last saw the decease) attended the	e deceased from JA FEBRUARY 1	NUARY 30 3 19 72 and	that In(Ny) (our) ap	5.1.5. 1.5
that (X) (we and have a	e) last saw the decease and from the causes stat) attended the	e deceased from JA FEBRUARY 1	NUARY 30 3 19 72 and	that In(Ny) (our) ap	Inian death accurred on the data
that (1) (w	e) last saw the decease and from the causes stat) attended the	e deceased from JA FEBRUARY 1 (We) (did) (d)4X6X)	NUARY 30 3 19 72 and clear the bady after dear	that In(Xy) (our) ap	Inian death accurred on the date
and haur a	e) last saw the decease and from the causes stat TURE) attended the	e deceased from JA FEBRUARY 1 (We) (dld) (d)4 (%)	NUARY 30 3 19 72 and riew the bady after dear meding Med. Director	that In(Ny) (our) ap	Inian death accurred on the data
that (X) (we and have a	e) last saw the decease and from the causes stat TURE CLAN'S (Type)	wanted alive an	e deceased from JA FEBRUARY 1 (We) (dld) (d)4 (%)	NUARY 30 3 19 72 and riew the bady after dear meding Med. Director 230. ADDRESS	that In(Ny) (our) ap th. Stoff Phys.	Inian death accurred on the date 238, DATE SIGNED 2//3/72
that (X) (wa and haur a 23A. SIGNA: 23C. PHYSIC NAME	e) last saw the decease and fram the causes stat TURE CIAN'S (Type) C.R. CHANEY	Wastended the dalive an	e deceased from JA FEBRUARY 1 (We) (did) (d)(X)(X) DEGREE Phy	NUARY 30 3 19 72 and riew the bady after dear anding Director Director Date of the control of th	that In (Ny) (our) apoth. I Staff Phys. KENS AVES.	Inian death accurred on the date 238. DATE SIGHED 2//3/72 BALTO., MD.21229
that (X) (wa and haur a 23A. SIGNA: 23C. PHYSIC NAME	e) last saw the decease and fram the causes stat TURE CIAN'S (Type) C.R. CHANEY REMATION, 248 DATE	Wastended the dalive an	e deceased from JA FEBRUARY 1 (We) (did) (d) (d) (d) (d) (d) (d) (d) (d) (d) (NUARY 30 3 19 72 and riew the bady after dear Director 23D. ADDRESS CATON & WILLEMATORY 24D	that In(Ny) (our) apolish. I Staff Phys. KENS AVES.	Inian death accurred on the date 23B. DATE SIGHED 2//3/72 BALTO., MD. 21229 Sily, town, or countyl (State)
thot (X) (wo and have a 23A. SIGNA 23C. PHYSIC NAME 24A. SURIAL C REMOVAL Burial	cian's (Type) C. R. CHANEY REMATION, 248. DATE 2/16/72	Manual Ma	e deceased from JA FEBRUARY 1 (We) (did) (d) (d) (d) (d) (d) (d) (d) (d) (d) (NUARY 30 3 19 72 and view the bady after dear printing Director Director Director CATON & WILL EMATORY 23D. ADDRESS CATON & WILL EMATORY 24E	that In(Ny) (our) apolish. I Shaff Phys. AVES. KENS AVES. LOCATION (Control of the control of	BALTO., MD. 21229
thot (X) (wo and have a 23A. SIGNA 23C. PHYSIC NAME 24A. SURIAL C REMOVAL Burial	cian's (Type) C. R. CHANEY REMATION, 248. DATE 2/16/72	Wastended the dalive an	e deceased from JA FEBRUARY 1 (We) (did) (d) (d) (d) (d) (d) (d) (d) (d) (d) (NUARY 30 3 19 72 and riew the bady after dear mining Med. 23D. ADDRESS CATON & WILL EMATORY 25C. FUNERAL DIRECT	that In(Ny) (our) apolis. I Shaff Phys. KENS AVES. LOCATION (Control of the control of the co	BALTO., MD. 21229 City, town, or county! (State) Pyland 21229 ADDRESS
thot (X) (wo and haur a 23A. SIGNA' 23C. PHYSIC NAME 24A. BURIAL C REMOVAL	cian's (Type) C.R. CHANEY REMATION, 248. DATE (Specify) 2/16/72 CD BY HEALTH DEPT.	Manual Ma	e deceased from JA FEBRUARY 1 (We) (did) (d) (d) (d) (d) (d) (d) (d) (d) (d) (NUARY 30 3 19 72 and riew the bady after dear mining Med. 23D. ADDRESS CATON & WILL EMATORY 25C. FUNERAL DIRECT	that In(Ny) (our) apolish. I Shaff Phys. AVES. KENS AVES. LOCATION (Control of the control of	BALTO., MD. 21229 City, town, or county! (State) Pyland 21229 ADDRESS

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n			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	35 72 01	595	CERTIFICA	TE OF DEATH	REG. NO.	1595
1. NAME OF DEC	GIARDINA,	HARRY	R		BRUARY 10,	1972 11:25A.
3. PLACE IN BA	LTIMORE, MARYLAND, W				here deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	INF NOT IN HOSPIT	AL OR INSTIT	UTION. GIVE STREET	MARYLAND c, CITY OR TOWN	BALTIMORE	IDE CITY LIMITS?
40	ST . AGNI	ES HOS	PITAL	BALTIMORE E. STREET AND NUMBER		YES NO XX
				5627 ED1	MONDSON	V AUR
5. SEX MA LE	CAUCASIAN	WIDOWED		8. DATE OF BIRTH 08/02/97	9. AGE IIn years lost bighday)	H Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
done during most of BUILDE	working life, even if refired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country!	U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	GIARDINA			ANGELINA (GIARDINA	
(Yes, no of unknown	Ever in U. S. Armed For	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES\$
YE S	WW1		217-24-5802	ST. AGNES	HOSPITAL F	RECORDS
	SE OR CONDITION DIE LEADING TO DEATH		CAUSE OF DEATH	mary Emba	lu L Pneun	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES ise to the	ANTECEDENT CAOSS ON TO CONDITION SENSOR above cause (A) G CONDITION last.	Tiller Hyg XAgirlings	M. Q. (B) Subdiva DUE TO, OR AS	l hematoma la consequence of:	zee fractive, Xull	Skull one mont
OTHER SIGNII	FICANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL	ASCVI) a CHF		several years
1 2	OPERATION 198 CON	ORMED		YES	IN CERTIFYING CA	ges
OR CONTRIBI	NT WAS UNDERLYING DUTING CAUSE OF medical examiner	etc.	e, form, foctory, street, oll	ice bldg. INJURT OCCUR?	(It in Bolilmon	e Clly, give exect location) When 5
21D-TIME OF INJURY IAPPROX)	(Month IDoy) Yearl 1-13-72		INJURT OCCURRED Not While k At Work	121111111111111111111111111111111111111	SONI OCCOM	lanigatose
22. I certify	that (1) (this hospital	ottended t	ne deceased from JA	NUARY 13	19 72 to FEE	BRUARY 10 19 72
that (i) (we)	last saw the decease	d alive on	FEBRUARY 10	19 72 and 1	that in (my) (our) opi	nion death occurred on the dat
		ed above. (i) (We) (did) (dld not) vi	ew the bady ofter death	•	
23A. SIGNATU	JRE	>				23R DATE SIGNED
1	Herry	_	DEGREE Phys.		Stoff Phys.	2/10/72
NAME I	Daniel H	uerta		ST. AGNES HO		N & WILKENS AVE
24A. BURIAL CRE	MATION, 248 DATE	24C. N/	ME of CEMETERY OF CRE	MATORT 24D.	LOCATION ICI	ty, town, or county! (State)
Buri	1 1	25B. NAME-S	EW CATH	25C. FUNERAL DIRECTO	BAltimo	ADDRESS
FED 1.	15/2	C 48/8	Sup FED. U	WITZKE	1 NC-163	OEDMONDSIN

11:339 A 17:339

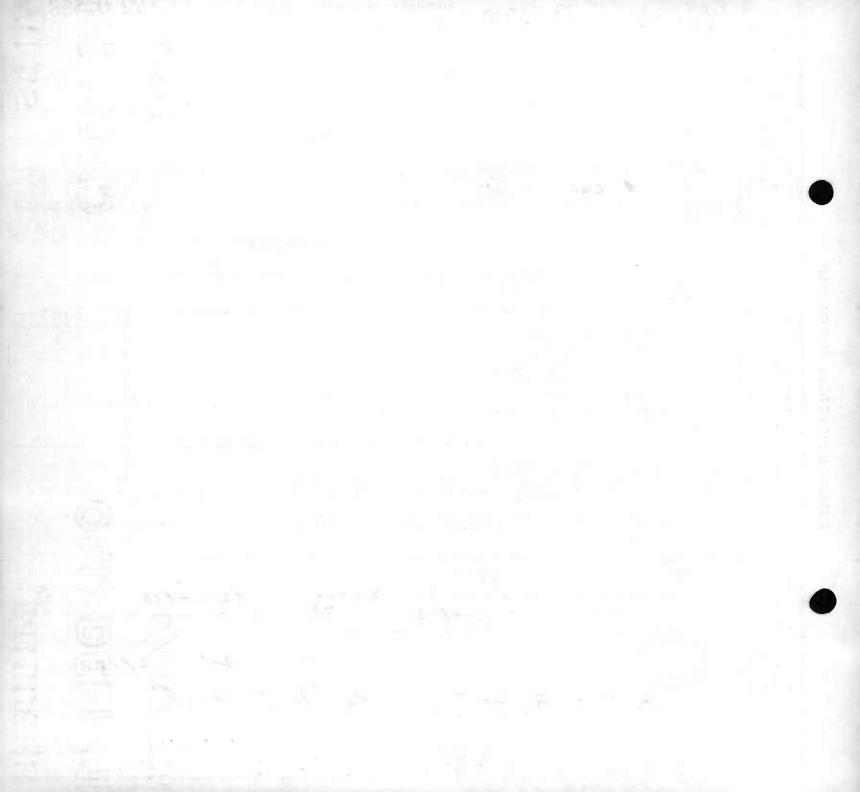
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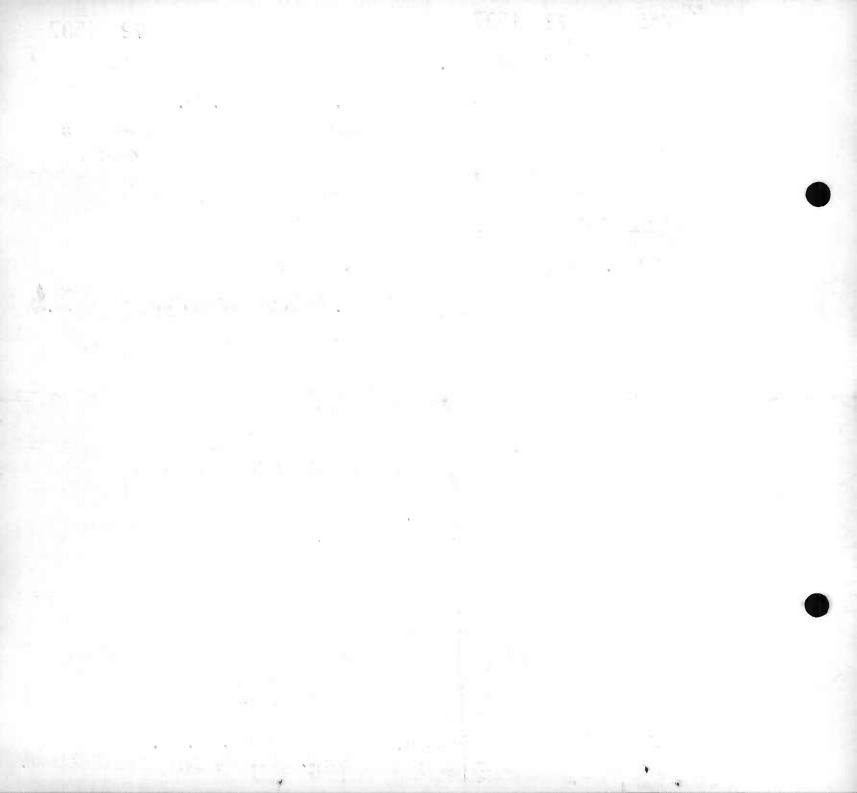
PACE AND THE PACE OF THE PACE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

1-452 72 015	96 BALTIMORE CITY	Y HEALTH DEPARTMENT 72 01596
BRTH NO.	CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH
dow sence Caroli	no i,	2/13/72 14.55 K)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONO UN CED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution; residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland Baltimare 28 + 3
NSTITUTION ADDRESS OF ECCATION)	1 1	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Provident Haskell	al Compelly	Daltimore YES V NO
1300		E. STREET AND NUMBER
		19813 Forest P.R. UNE
	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr. Manths Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)		Bat in Man 1 1 It of State
3. FATHER'S NAME		parting maryland amuel Dat
4 3 4		14 MOTHER'S MAIDEN NAME
Unknown		Unknown
5. Was Deceased Ever in U.S. Armed Forces? les, no arunknown] (If yes, give war or dates of sen	icel SECURITY NO.	17. INFORMANT ADDRESS
NO	214-09-1523	Bette Phillips 21 2/20 Mr. 1.
18. // X 6 × 1	CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEAT
LEADING TO DEATH	4 WILLEDIATE GAL	USE Candione (Dualory Arvel
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the dis- tajury ar complication which caused death.)	ease,	
ANTECEDENT CAUSES		1. ()
	(B)	Haule Myocardial infarching
DISEASES OR CONDITIONS, if any, gi	the to, OK AS	A CONSEQUENCE OF:
UNDERLYING CONDITION last.	(c)	elin Parental
- 11		The delivery of the same of th
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE T	NG	
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Q I		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., inhome, form, factory, street, of	n ar about 21 C. WHERE DID (If In Baltimore City, give exact location)
210-TIME (Month) (Day) (Year) (Haur)	21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?
OF INJURY (APPROX)	While At Not While	
	Work At Work	
22. t certify that (t) (this hospital) attend	ed the deceased fram	2/9/ 1972 to 2/13 1972
that (1) (we) last saw the deceased allve	on 2/13	19 7 2 and that In(my) (our) apinion death occurred on the dat
and hour and from the causes stated ebox	,	lew the hady after death.
23A. SIGNATURE	1017 (1-17) (1-10) (10) (238, DATE SIGNED
1 Car. Ca	Den Lin Am	
23C. PHYSICIANS	DEGREE Phys	
23C. PHYSICIAN'S NAME (Type)	/	23D. ADDRESS
GFELIA Q	LOOT OFCREE	PROVIDENT HOSE,
AA. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (State)
	orraine Park	Balto. Co. Md.
5A. DATE REC'D BY HEALTH DEFT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
CERTS WE CERT	ME OF REGISTRAR	7 John T. Starsbury 6411 Windson Mill RD
		I TO MILLIAM TO THE THE TO THE TO THE TO THE TO THE TO THE TO THE TOTAL THE

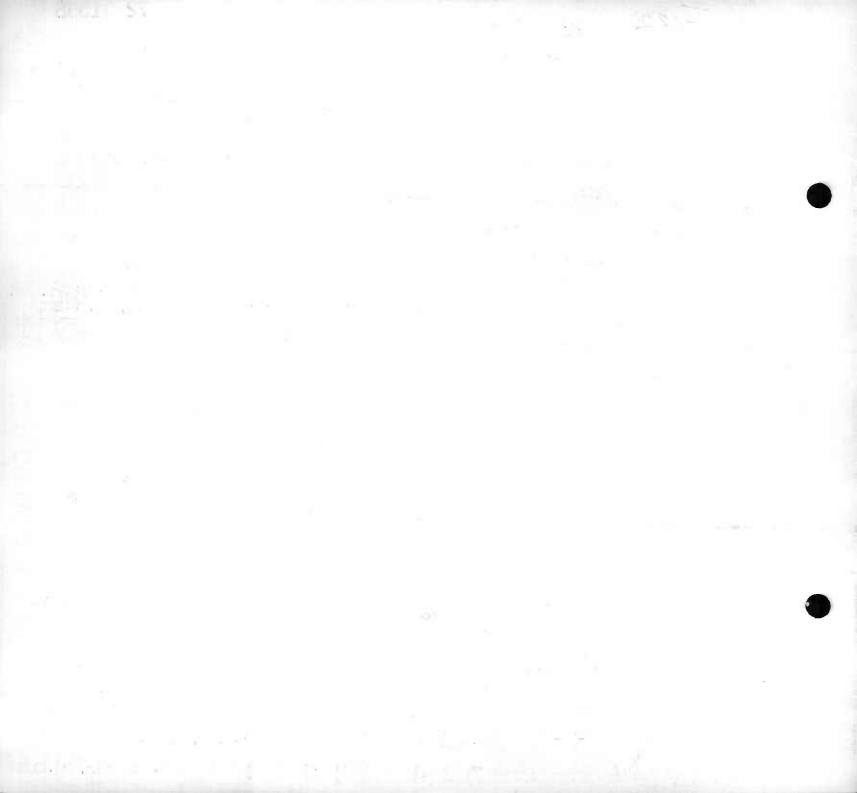


P 110= 20 04	BALTIMORE CIT	Y HEALTH DEPARTMENT	
G-435 72 01.	O97 CERTIFICA	ATE OF DEATH RE	G. NO. 72 01597.
(Type or Print) John Francis Go	lden Sr.	2. DATE AND HOUR (2 - 12 - 7)	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Where deceased	d lived. If institution: residence before admission
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	A. STATE B. COUNTY Md. Balto. C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Linni		E. STREET AND NUMBER	NES NO E
		6400 Dilmore x	st. 21001
male Cam WIDO	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In last birthdo	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even, if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or foreign country)	12. CITIZEN OF WHAT COUNTRY?
office clerk,	.?	Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Philip M. Golden		C. Hoffmen	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, givo war ar doles af sen	vicel 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 207
no	215 03 8964	Mrs. Madeline Gold	en 6400 Gilmone st. W
18.470X	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CA	Legatec tailu	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	B.C. SULTO OR AS	A CONSEQUENCE OF:	***************************************
injury or complication which coused death.) ANTECEDENT CAUSES	dy	elu sa	2 W/cs =
DISEASES OR CONDITIONS, if ony, g	iving (8)	A CONSEQUENCE OF:	***************************************
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)		
_ 11	n)	14 0 6	1 1
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING MAL MOPUL	ews Muscellar &	Chtrople 30 grs
1994. DATE OF OPERATION 1995. CONDITION 1 WAS PERFORMED WAS PERFORMED 2144. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., I	n or about 21 C. WHERE DID	In Rollings City who will be at a
21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	hame, farm, factory, street, a	ffice bldg., INJURY OCCUR?	In Boltimore City, give exact location)
21D.TIME (Manth) (Day) (Yeor) (Haud)	21 & INJURY OCCURRED	21F. HOW DID INJURY OCCU	J R?
(APPROX)	While At Work Nat While At Work	• 🗆	
22. I certify that (i) (this hospital) attend		2 1/ 19 72 1	0 2/12 1977
that (i) (we) last saw the deceased alive		19 7 7 ond that In (my)	(our) opinian death occurred on the date
and hour and from the couses stored above	re. (I) (WE) (did) (did not) v	few the body ofter death.	
23A. SIGNATURE	2 1 100 U . DL.	anding Med. Staff Director Phys.	23B. DATE SIGNED
23C/PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	2/2/1
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME al CEMETERY ar CRI		(City, town, or county) (State)
bunial 2/14/72	E 12 C	Balto. (C A 1
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR /	ADDRESS
FFB1.3 1972 (% & & & & & & & & & & & & & & & & & &	LBEL, M.D. ()	John J. Stansbury	6411 Windsor Mill RD.
VS 150-REV. 1/1/68			



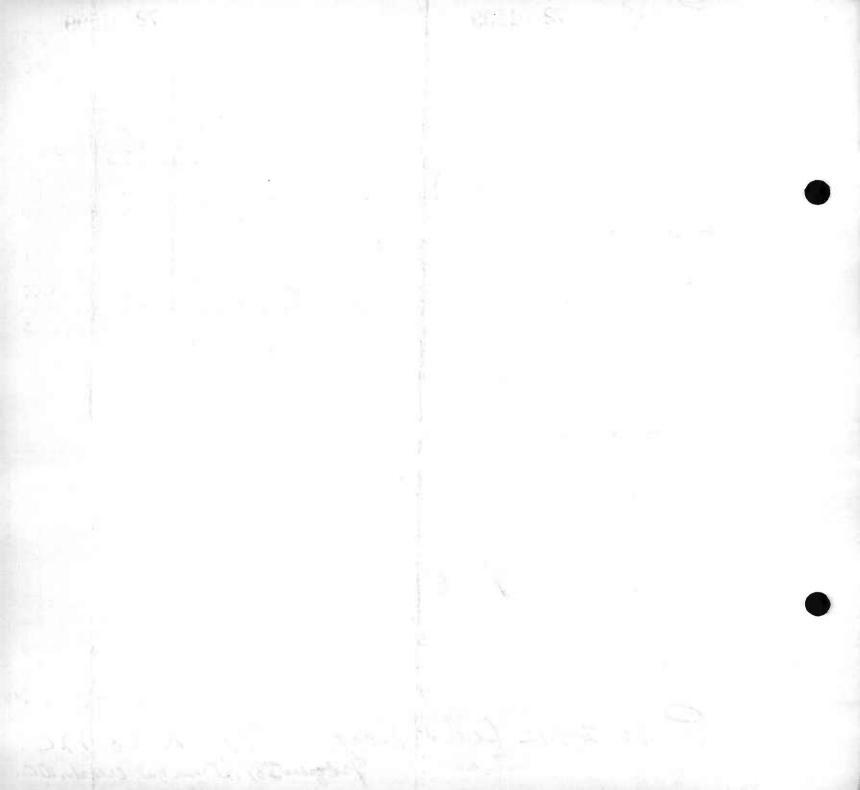
IMPORTANT

DIRECTOR:

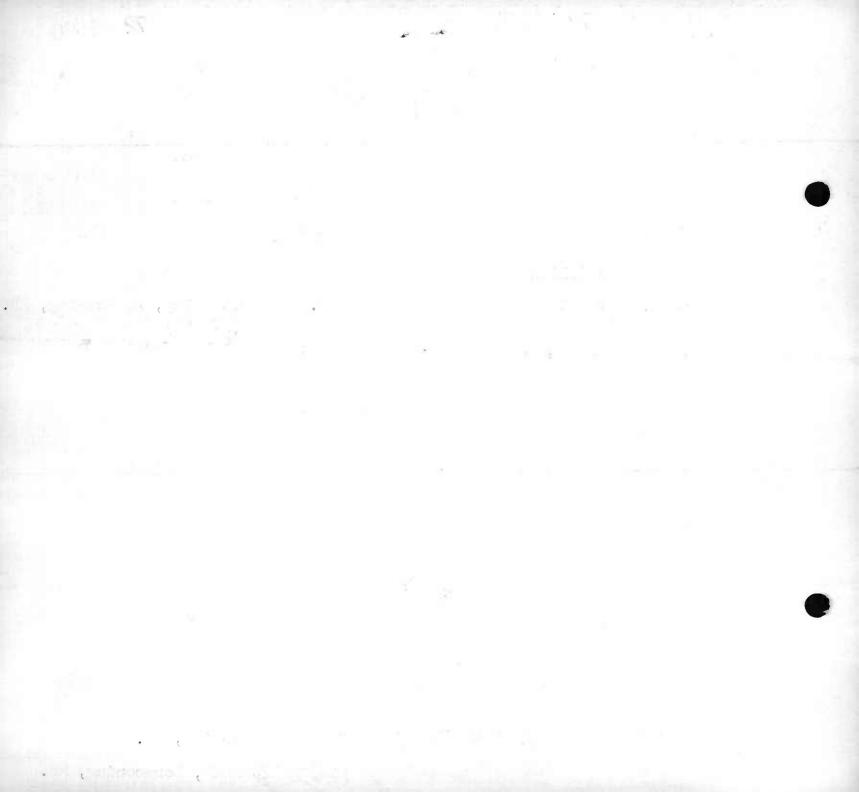


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

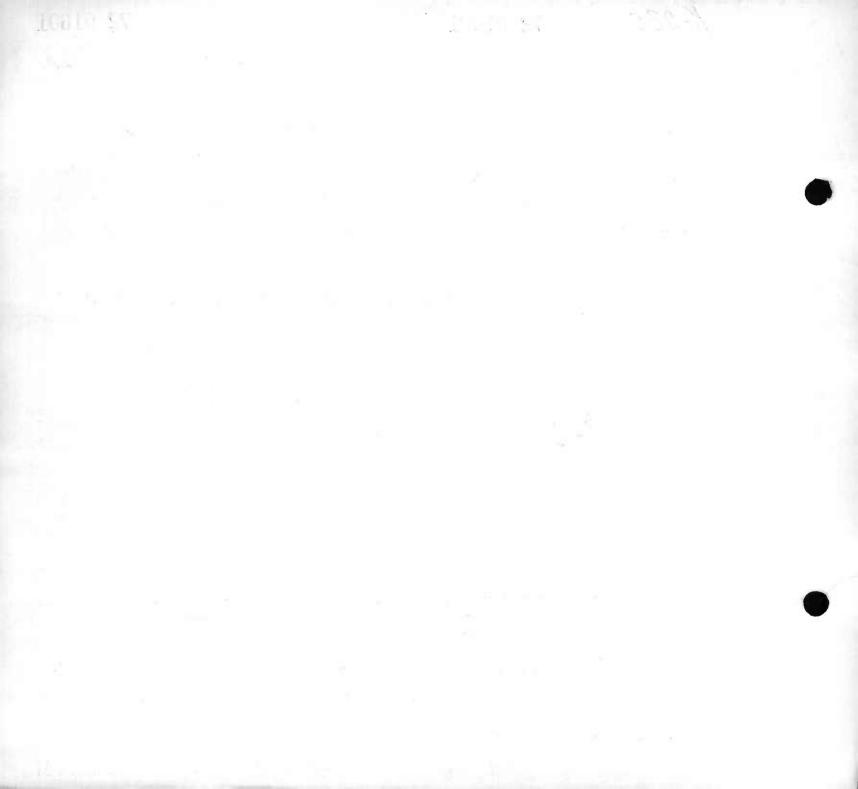
7-520 72 03	790	HEALTH DEPARTMENT	REG. NO.	72 01599
BIRTH NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH		32000
(Type or Print) Sy SIERFA!	NES	2. DATE AND I	HOUR OF DEATH	0'00
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where de la STATE B. COUNTY	eceosed lived. If in	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	MARILLAND C. CITY ORTOWN	D. INS	DE CITY LIMITS?
48		BALTIMORE		YES NO
MGH		E. STREET AND NUMBER	301001	inguleaue
/- N WIE	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 9. A last	GE (In years birthday)	If Under 1 Yr. If Under 24 Hr. Months! Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B,) done during most of working life, even if relired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	country)	12. CITIZEN OF WHAT COUNTS
HOUSEWORK		North Caro	DONIL	NSH
Willie Baile	4-	14. MOTHER'S MAIDEN NAME	Coans	(3)
15. Was Deceased Ever in U. S. Armed Forces? (Tes no runknawn) (If yes, give war ar doles af s	ervice) 16. SOCIAL SECURITY NO.	0 0 1-0	Tero L	Hackensac Di
18.4110.9	CAUSE OF DEATH	Kacket IIII	erson	355 Kaille Au
DISEASE OR CONDITION DIRECTL				BETWEEN ONSET AND DEAT
LEADING TO DEATH	ALL BULLEDIATE CALL	SE CORONMY	occlus.	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	ISARSA	CONSEQUENCE OF:	****************	
injury as camplication which coused death	.)	1. 1	. 0	7
ANTECEDENT CAUSES	(B)	Myocareli	end Lingo	w/w
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating	g the	A CONSEQUENCE OF:	}	
UNDERLYING CONDITION last.	(c)	***************************************		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM	MINIAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 179A-DATE OF OPERATION 179E CONDITION WAS PERFORMED 121A-ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	B. IF YES, WERE F	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)	21B.PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If In Bollimore	Clly, give exact location)
OF INJURY (Manth) (Doy) (Year) (Hau		21F. HOW DID INJURY	OCCUR?	
(APPROX.)	While At Not While Wark At Wark			
22. I certify that (I) (this hospital) atte	nded the deceosed from	19	to	19
that (1) (we) last sow the deceased oily	e on	ond that in	(my) (our) opin	Ian death accurred on the day
and have and from the causes stated ab	ave. (1) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE				23 B, DATE SIGNED
melin ()ul	DEGREE Phys.	ding Med. Staff Director Phys.	\square	
23G-PHYSICIAN'S NAME (Typel	DEGREE	D. ADDRESS		
MELENCIO VE	NYURA	2404 EXTRID	6 = R1	Thursday hal
24A BURIAL CREMATION, 24R DATE	24C. NAME of CAMETERY OF CRE		TON (City	town, or county) (Stole)
2-9-72 2-9-72	Cellar K	oct)	Insh	conc
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C FUNERAL DIRECTOR	1000	ADDRESS
FEB 1-2 1972 Valent & To	ALD, U ()	porus 89	B.F. Su)	w. Wash, D.C
S 150-REV. 1/1/68				



IR IR	1-254 TH NO. 254	72 01	.600		TE OF DEATH	REG. NO	72 01800		
	De or Print)	1 1 200	. 200	11 * /	2. DATE	AND HOUR OF DEATH			
3, 1		MARYLAND, WI	HERE PRONOI	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived If is	10:30 A		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)			N. ST. A.	nstitution: lesidence before odmission 2002				
INS	ON SECONI				C. CITY OR TOWN D. INSIDE CITY LIMITS?				
-	34				E. STREET AND NUMBER	130N ST.	YES NO		
,	nole Wi	hile	MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 03/11/19	9. AGE (In years lost birthdoy)	ff Under 1 Yr. If Under 24 H Months Doys Hours Min.		
done	USUAL OCCUPATION (during most of working life NEMPIONE	, even it retired]	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF WHAT COUNT		
	ATHER'S NAME	4			Maryland 14. MOTHER'S MAIDEN N	4445	USA		
	Hugh Mo	Milliar	1		Mari	e Clark			
Yes,	Vas Deceased Ever in U ,no or unknown) (If yes, g		es? of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
_	Yes War	# 2		212-18-1253	Mrs. Marg	aret Foley	, Lonaconing,		
ATION	injury or complication ANTECED DISEASES OR CONE rise to the abave UNDERLYING CONDI OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A-DATE OF OPERATIC	ENT CAUSES DITIONS, it at cause (A): TION last. II NOTIONS CONTRELATED TO THE CAUSE GIVEN IN PART	TRIBUTING	(c) Respir	need pulmone A CONSEQUENCE OF: abony acidosis	dre to (B	one days		
	21A. ACCIDENT WAS U	WAS PERFO	218, j	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct lacation)		
3	DEATH (notify medical e	xominer	home	, farm, foctory, street, affi	ce bldg., INJURY OCCUR?	pr in Sammore	o City, give exoct (acquoit)		
5 0	21 D. TIME (Month) DF INJURY (APPROX.)	(Doy) (Yeor)		INJURY OCCURRED Not White At Work	21F. HOW DID IN	JURY OCCUR?			
2	22. I certify that (I) (this hospital)		- HI HOIK	- 7-72	10 to 9-	10-72 10		
_	hat (1) (we) last saw			- 44	19and t	*** ***********************************	nion death occurred on the do		
1	and hour and from the	couses state	d obove. (I)	(We) (did) (did nat) vi	ew the body after death.				
2	3A. SIGNATURE	ywy	Juny	•	ding Med.	Staff Phys.	23B, DATE SIGNED 2-10-72		
2	NAME (Type)	YUNYON	G YU	Deonee	BD. ADDRESS Bon	Sooms Hos	mal		
4A.	BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NA				y, town, or county) (State)		
	Burial	2/13/	72 Oa	k Hill Ceme	tery Lo	naconing,	Md.		
FI	R 15 1079		B. NAME OF	Jan. set	25C. FUNERAL DIRECTO		naconing, Md.		
	50-PEV 1/1/69	CAPACITY C. N	Balley 1	Trum "ul	I reduce st	AULIOURIA TO	naconing, na.		



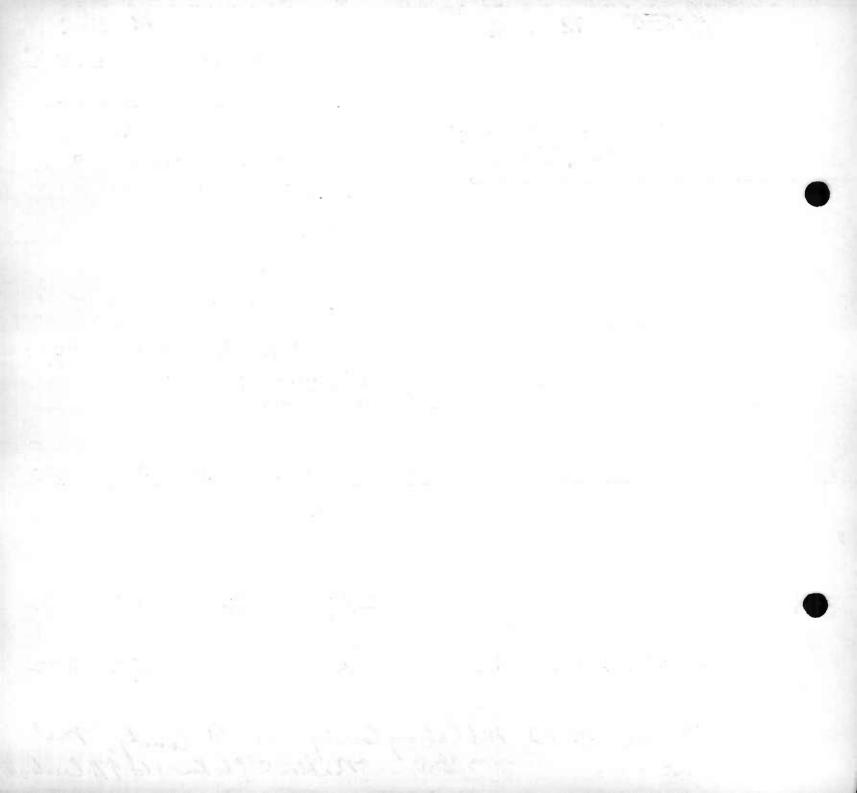
Vnzn	BALTIMORE CIT	HEALTH DEPARTMENT	100	
BIRTH NO.	01601CERTIFICA	TE OF DEATH	REG. NO. 72	01601
(Type or Print) COHN PAUL	KUCHTA	2. DATE AND HOL	IR OF DEATH	UP
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where dece		ce before admission)
	INSTITUTION, GIVE STREET	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN	D. INSIDE CITY LIMITS?	02
407 N. PORT ST.		BALTIMORE E. STREET AND NUMBER	YES X	NO []
00		407 N. PORT	· St	
WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE lost birt	(In years If Under 1 Yr. Months Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	NEW YORK		S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0,	2.7.
MICHAEL KUCHTA		MARY -		
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of set	vice) 16. SOCIAL SECURITY NO. 134-09-1632	Mrs. Helen M. Kuchts	- 407 N. Por	
18.4/0,91	CAUSE OF DEAT			ROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		m. 1/1	BETWEE	EN ONSET AND DEATH
(This does not meen the mode of dving.	(A) IMMEDIATE CAL		nforction	
heart failure, aslhenia, etc. It means the dis injury or complication which caused death.)	POSA POLIO, OR AS	A CONSEQUÊNCE OF:	0	
ANTECEDENT CAUSES	Cit	in to	1/8.	
DISEASES OR CONDITIONS, if ony,	iving DUE TO, OR AS	A CONSEQUENCE OF:	Vi Rhsease;	
rise to the above cause (A) stoling UNDERLYING CONDITION last.	the L	/ Sinsing Since Oil		
ONDERLING CONDITION last,	(c) 6 mp	aysems)		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL	0		
198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20R. I	F YES, WERE FINDINGS CONS RTIFYING CAUSES OF DEATH	SIDERED ?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	218 PLACE OF INJURY le.g., in home, farm, foctory, street, of etc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimare City, give exoct	locotion)
OF INJURY (Month) (Doy) IYear) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?	
(APPROX)	While Al No! While At Work			
22. I certify that (I) (this hospital) attend		1/4 197/	10 9/13	19.72
that (1) (we) last saw the deceased alive	on 2/13	1972 and that In (m	y) (sur) apinian death acc	
and hour and from the causes stated above	re. (1) (We) (did) (did not) vi	ew the body after death.		
Thenry J. House	DEGREE Phys	ding Med. Staff Phys.	23R DATE SIGN	1/12
23C. PHYSICIAN'S HENRY J.		3335 EAST 1	IVE BALT	o Mp
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2/16/72	C. NAME OF CEMETERY OF CREE	7		y) (Stote)
	ME OF REGISTRAR	EM. DALTO		Darres .
FFR15 1072 Reac 3	0 0 B	Harley felle	- 2334 Jeffer	un IT.
VS 150-REV. 171/68				



IMPORTANT

FUNERAL DIRECTOR:

H 1 ==		BALTIMORE CITY	HEALTH DEPARTMENT	1004 (**	
BIRTH NO. 1. NAME OF DECEASED	01602	CERTIFICA	TE OF DEATH	REG. NO.	2 01602
(Type or Print)	Drawn		2. DATE AND HOU		1000
3. PLACE IN BALTIMORE, MARTLAN	y Brown	111000 0010	2/2/10	1/2	1025 A.A
F MARIEAN	D, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deced	sed lived. If institutio	n: residence before admission
INSTITUTION		JTION, GIVE STREET	C. CITY OR TOWN	ore Maryl	
The Good Sa	amaritan	Hospital	Baltimore	YES	No 🗆
5601 Loch F	Raven Bou	levard	E. STREET AND NUMBER		17110
Baltimore,			3027 East Feder	al Street	875
5. SEX 6. RACE B	WIDOWED	NEVER MARRIED DIVORCED	07-01-15 last birth		nder 1 Yr. If Under 24 Hrs Ihs Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of	Work 10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign count	try) 12 (CITIZEN OF WHAT COUNTR
Baby Sitter	red)		Virginia		ISA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
James Brother			Martha Barton		
S. Was Deceased Ever in U. S. Armed es, na or unknown) (If yes, give war or	Forces? doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Unknown			Mrs. Pearl Ches	ter	Same
DISEASE OF CONDITION LEADING TO DEA		CAUSE OF DEATI	Corelland	07 - 1113	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode	of dving a a	(A) IMMEDIATE CAU		v Cauq	- Laury
heart failure, asthenia, etc. It me injury ar camplication which cou	ons the disease	DUE TO, OR AS	CONSEQUENCE OF: E Hemitlesi	1 due	0
ANTECEDENT CAU		to	CB rainifaction	i mu	
		(B)	TWWM, 6-0515		
DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION, lost.	A) stoling the		A CONSEQUENCE OF:		
		(c)	***************************************		***************************************
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN	O THE TERMINIAL	Hyper	tensive Cardio	vasc dis	iense Mrs
19A-DATE OF OPERATION 1198.	ONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, (F	YES, WERE FINDING	GS CONSIDERED F DEATH?
21A ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH Inofity medical examined	G 21B. I home etc.)	PLACE OF INJURY (e.g., In farm, factory, street, off	or obout 21C. WHERE DID	(if In Boltimore City, s	give exoct location)
21D-TIME (Month) (Day) (You (APPROX.)	on (Hour 21E)	NJURY OCCURRED Not While At Work	21F. HOW DID INJURY OCC	CUR?	
	Work				
22. I certify that (i) (this hosp		deceased from	2/1/ 1970	to	17/1970
that (1) (we) lost sow the dece	used olive on	2/2	~ / ~ / /		eath occurred on the date
and hour and from the causes	stated above. (1)	(We) (did) (did not) w	ew the hody ofter death	· ·printed de	and on the dold
23A. SIGNATURE			body offer doding	238 D	ATE SIGNED
I.A. Oren	MI		ding Med. Staff Phys.		12/1072
23C. PHYSICIAN'S		GEGREE Phys.	3D. ADDRESS	14	14/10/14
NAME (Type)		2	UDA E 23		/
4A. BURIAL CREMATION, 248. DATE		DEGREE			
A. BURIAL CREMATION, 248. DATE	24C. NAA	ME of CEMETERY OF CREA	MATORY 24D. LOCATION	(City, town,	or county) (Slote)
Bunch 2-1-	12 m	t-Calvain (ameters (a)	1. (7	to me.
SA. DATE REC'D BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C FUNERAL DIRECTOR	in	ADDRESS
FEBTO BIS APPR	C. Tonos		The Blow Colle	Ken- 11-	19n. Carolin.
150-REV. 1/1/68					() Court



11.10	A 1"	7" 2 1 7 6	1111					
BIRTH NO.	7	12 UIC	CERTIFICA	TE OF DEATH	REG. NO	72	01603	
THAME OF DE	KHENRY	ROL	LINS	2. DATE A	NO HOUR OF DEATH	н	1046	0.
3. PLACE IN BA	LTIMORE MARYLAND, W	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If	institution; resi	dence before adi	is sian)
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	Maryland	NIY		800	-
NOITUTION				C. CITY OR TOWN	D. IN	ISIDE CITY LIMI		
52				Baltimore E. STREET AND NUMBER		YES X	NO	
The	Johns Hopk	ins Hos	spital		ngon Doule	Arronii		
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Avenue		4 Mee
Male	Negro	WIDOWED		9/11/15	last bigthdoy	Months D	oys Hours	Min.
OA, USUAL OCC	CUPATION (Give kind of world			11. BIRTHPLACE (State or fare	56 eign country)	12. CITIZER	OF WHAT CO	UNTR
one during most of	f working life, even if refired) Greman			N.C.	N. N. H.			
3. FATHER'S NA				14 MOTHER'S MAIDEN NA	AAE			
	ank Rollins	- 1	11 4	Molly Grim	es			
los, na of unknow	d Ever in U. S. Armed For n) (If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT			DDRESS	
			243-03-205	Louise Rol	Ings 150	16 Pat	Terson F	KK
18. [//	19		CAUSE OF DEAT				APPROXIMATE INT	RVAL
DISEA	SE OR CONDITION DI	RECTLY		A		BET	WEEN ONSET AN	DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE A CUTE MYC	ocardial in	Greting	minu	+50
(This does	not mean the mode of	divise on				December 1 1		
heart failure.	asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:				200
heart failure,	, asthenia, etc. It means mplication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:				200
heart failure, injury or co	, asthenia, etc. It means	the disease, death.)	DUE TO, OR AS	A CONSEQUENCE OF:	Disease		2 V801	
DISEASES	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	Diseas o		2 YEar	
DISEASES	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A)	the disease, death.)	(B) COYY	A CONSEQUENCE OF:	Disease		2 YEar	
DISEASES	, astheria, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.	the disease, death.)	DUE TO, OR AS	A CONSEQUENCE OF:	Diseas c		2 YEar	
DISEASES is to the UNDERLYIN	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. Il FICANT CONDITIONS COLUMN BUT NOT RELATED TO THE BUT NOT RELATED TO THE	any, giving staling the	(B) COYY	A CONSEQUENCE OF:	Disease		2 YEar	
DISEASES is to the UNDERLYIN	, astheria, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. Il FICANT CONDITIONS COITH BUT NOT RELATED TO 11 CONDITION IN PAR	any, giving stating the MTRIBUTING HE TERMINAL T 1 (A).	(B) CONTACT OF AS	A CONSEQUENCE OF: A CONSEQUENCE OF:		ENDINGS C		
DISEASES is to the UNDERLYIN	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. Il FICANT CONDITIONS COLUMN BUT NOT RELATED TO THE BUT NOT RELATED TO THE	any, giving stating the MTRIBUTING HE TERMINAL I (A).	(B) CONTACT OF AS	A CONSEQUENCE OF:		FINDINGS CO		
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DISEASES nise to th UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR C 19A. DATE OF OR CONTRIB DEATH (notif) 21D. TIME OF INJURY	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	any, giving stating the NTRIBUTING HE TERMINAL T I (A). DITION FOR WED	(B) OF TO, OR AS (B) OF TO, OR AS (C) OF TO, OR AS (D) OF TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A-AUTOPSY? (Yos or N. NO n or about 21C, where did fice bldg., INJURY OCCUR?	a) 208. IF YES, WERE IN CERTIFYING C.		ONSIDERED ATH?	
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DISEASES ise to the UNDERLYIN OTHER SIGNII TO THE DEA DISEASE OR CONTRIB DEATH (notify 21A. ACCIDE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an 23A. SIGNAT	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) G CONDITION last. FICANT CONDITION S CO. THE BUT NOT RELATED TO THE CONDITION GIVEN IN PAR F OPERATION 1998. CON WAS PERI UTING CAUSE OF y medical exominer) (Month) (Day) (Year) That TU (this haspital) last saw the decease of from the causes state of the causes of the c	any, giving stating the MIRIBUTING HE TERMINAL T I (A). OHNOR FOR VECAMED (Hour) 21E. Whit Work) attended the dolive an	VHICH OPERATION PLACE OF INJURY (e.g., in factory, street, of injury occurred to AI Work to deceased from the deceased	20A-AUTOPSY? (YOS OF NO	O) 208. IF YES, WERE IN CERTIFYING C. (If In Boltimo	UCN+ UINION deoth	ONSIDERED ATH?	\$
DISEASES inise to the UNDERLYIN OTHER SIGNII TO THE DEA DISEASE OR CONTINE DISEASE OR CONTINE DEATH (notify 210. THE CONTINE	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) G CONDITION last. FICANT CONDITION S CO. THE BUT NOT RELATED TO THE CONDITION GIVEN IN PAR F OPERATION 1998. CON WAS PERI UTING CAUSE OF y medical exominer) (Month) (Day) (Year) That TU (this haspital) last saw the decease of from the causes state of the causes of the c	any, giving stating the MIRIBUTING HE TERMINAL I 1 (A). DITION FOR VEORMED (Hour) 21E. While Word of the decidence of the d	DUE TO, OR AS (B)	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: NO nor about 21C, WHERE DID line bldg, INJURY OCCUR? 21F. HOW DID INJ C. 19 ond the lew the bady after death. A consequence of: A conse	O) 208. IF YES, WERE IN CERTIFYING C. (If In Boltimo	UCN+ UINION deoth	ONSIDERED ATH?	S
DISEASES fise to the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR CO 19A-DATE OF 19A-DATE	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) G CONDITION last. FICANT CONDITION S CO. THE BUT NOT RELATED TO THE CONDITION GIVEN IN PAR F OPERATION 1998. CON WAS PERI UTING CAUSE OF y medical exominer) (Month) (Day) (Year) That TU (this haspital) last saw the decease of from the causes state of the causes of the c	any, giving stating the MIRIBUTING HE TERMINAL I 1 (A). DITION FOR VEORMED (Hour) 21E. While Word of the decidence of the d	VHICH OPERATION PLACE OF INJURY (e.g., in factory, street, of injury occurred to AI Work to deceased from the deceased	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: NO nor about 21C, WHERE DID line bldg, INJURY OCCUR? 21F. HOW DID INJ C. 19 ond the lew the bady after death. A consequence of: A conse	OF 208. IF YES, WERE IN CERTIFYING C. (If In Baltimon Court of Co	DINHON deoth 238. DATE S 2110 PITAL City, lown, or c	ONSIDERED ATH?	S
DISEASES rise to the UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR CONTRIB 21 A. ACCIDE OF CONTRIB DEATH (nafit) 22. I certify that (I) (we and haur and 23 A. SIGNAC) 23 C. PHYSICI NAME (I) 4A. SURIAL CRE REMOVAL	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) is	any, giving stating the MIRIBUTING HE TERMINAL I 1 (A). DITION FOR VEORMED (Hour) 21E. While Word of the decidence of the d	DUE TO, OR AS (B) COMY (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in the continuous of the continu	20A. AUTOPSY? (YOB OF N. NO n or about 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 22F. INJ 24D. L 23D. ADDRESS	OP 20R IF YES, WERE IN CERTIFYING C. (If In Bultimore) (URY OCCUR? 19 L to President In (my) (our) op Stoff Phys. (CINS HO) OCATION (CINS HO) 92 TO MI	238, DATE 3 238, DATE 3 2110 PITAT	ONSIDERED ATH? Exact location) 19 occurred on the signed of the signed	e dot
DISEASES fise to the UNDERLYIN OTHER SIGNITION TO THE DEAD DISEASE OR CONTRIBUTED TO THE DEATH (nafity) 21 A. ACCIDE OF CONTRIBUTED TO THE DEATH (nafity) 22. I certify that (I) (we and haur and 23 A. SIGNACT) 23 C. PHYSICIA NAME (I) 4A. SURIAL CREMOVAL	asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) is	any, giving stating the MTRIBUTING HE TERMINAL T I [A]. DITION FOR WED 21E. While Work at the dolive an attended the dolive an attended the dolive and	DUE TO, OR AS (B) COMY (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in the continuous of the continu	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: NO nor about 21C, WHERE DID line bldg, INJURY OCCUR? 21F. HOW DID INJ C. 19 ond the lew the bady after death. A consequence of: A conse	OP 20R IF YES, WERE IN CERTIFYING C. (If In Bultimore) (URY OCCUR? 19 L to President In (my) (our) op Stoff Phys. (CINS HO) OCATION (CINS HO) 92 TO MI	238, DATE 3 238, DATE 3 2110 PITAT	ONSIDERED ATH? Exact location) 19 occurred on the signed of the signed	e dot

INT STATES LODGE Rollings 15 The Pattings Philips

BURNAL SIA-TE BALTO CEMETERY BALLO MILLEN MAKE HAKE

H-500 72 01604BALTIMORE CITY HE MEDICAL EXAMINER'S	/1/ // // // // // // // // // // // //					
BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour					
George W. Hamm	DEATH Estimoted L L 10 /2 M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 2 10 72 11:00 p.					
HOSPITAL ADDRESS OR LOCATION)	M.					
1919 N. Longwood St.	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Md.					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
male Negro WIDOWED DIVORCED	Balto. YES NO					
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.						
12-17-02 lost birthdoy) Months Doys Hours Min.	1919 N. Longwood Street					
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME					
WHAT COUNTRY?	Armetood Home					
Virginia 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Armstead Hamm					
done during most of working life, even if retired)						
WARREN STATE OF THE BALLS ADMISS CORRESPONDED TO STATE OF THE STATE OF	Ella Peters					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS					
218-03-9593	Mrs. Verna Hamm 1919 Longwood Street					
19. 4/2, 4 CAUSE OF DEA	BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY Arteri	iosclerotic cardiovascular disease					
LEADING TO DEATH	CAUSE					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:					
injury or complication which coused death.)						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
Z (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAR						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?					
☐ UTING ☐ CAUSE OF DEATH.						
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
	WHILE WHILE					
23.	TORN L					
1 certify that I held an Inquiry Inspection 🖾 Au	stopsy and that an this basis, death in my apinian					
resulted fram: Natural causes 🚾 Accident 🗌 Sulcid	de Homicide Undetermined monner					
	CHIEF MEDICAL EXAMINER					
ACTUAL XI, VI INTITUDA	ASSISTANT MEDICAL EXAMINED XX					
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1-5						
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 2/11/72					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)					
REMOVAL (Specify)						
Burial 2-15-72 Md National						
25A. DATE REC'D BY HEALTH DEPT. 259. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS					

VS 151-REV. 1/1/6B

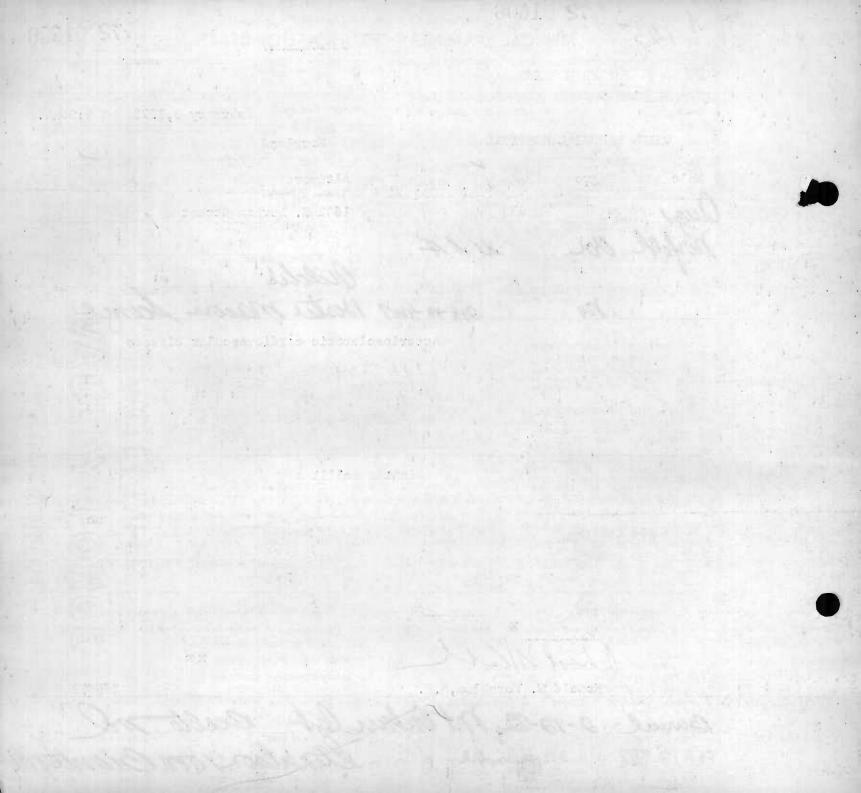
Wm C March 928 E North Ave.

NET TO SERVICE treds I am the fire of the Charles of the best of the second . RE Count Course and a medical property

H.400 MEDICAL E	EXAMINER'S	ERTIFI	CATE OF	DEAT	H REG. NO		11000
1. NAME OF DECEASED		2. DATE	Knawn K	Month	Day	Year	Hour
(Type or Print) Helen Hall		OF DEATH	Estimoted	2	10	712-	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PROP	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET OR INSTITUTION		PRONOUNCED DEAD 2 10 70 6:26 p., 5. USUAL RESIDENCE (Where deceased lived if institution; residence before odnission)					
3 3 John Hopkins Hospi	tal	A. STATE	ESIDENCE (Where	e deceosed in	B. COUNTY	n: residence p	501
6. SEX 7. RACE 8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
female Negro WIDOWED	DIVORCED [Ba1	to.		ν	ES C	NO [
9. DATE OF BIRTH 10. AGE (In years lost birthday) 15. 19.3 6 Mc 35	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.	E. STREET	1206 Your	ac Ct			
11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT COUNTRY?	13. FATHER		3	, i		JA 5 1 1 1
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND O	E RIISINESS OF INDUSTRY	15 MOTHE	P'S MAIDEN NA	drod	2/25		
done during most of working life, even if retired)	5-0	L	thel	1+A	111		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT	,,,,	Δ	DDRESS	
No	SECONITY NO.	Elhel	looner	_		jot.MC	
19. 5 7 / 8	CAUSE OF DEA	ТН					PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Fa	tty me	tamorphosi	s of	liver	DELAN	EEN UNSET AND DEAT
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A)IMMEDIATE C	AUSE			~~~~		
heort foilure, osthenio, etc. it meons the diseose, Injury or complication which coused death.)	DUE TO, OR A	AS A CONSEG	UENCE OF:				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA		AS A CONSE	QUENCE OF:				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FO	D MARKELL ODED ATION I WA	C APPROPA			********		/V
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED						21. AUTOPSY? (Yes or No) yes	
	B. PLACE OF INJURY (e.g., ne, form, foctory, street, office	in or obout 2 bldg., etc.) I	2C. WHERE DID (NJURY OCCUR?	(If in Boltimo	re City, give ex	oct location)	
Z 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX)	WHILE AT NOT	WHILE	2F. HOW DID IN.	JURY OCCI	JR?		
23.	WORK ATW	ORK L					
I certify that I held an Inquiry	Inspection Aug	HOPSY XX	and that on th		deoth in my		
ACTUAL SIGNATURE		eputy	CHIEF MEDICAL E	XAMINER			DATE SIGNED
EXAMINER'S Werner U. Spitz			CIATE MEDICAL E	XAMINER		2/	11/72
24A. BURIAL CREMATION, REMOVAL (Specify) 2-14-72	MT. Auby	or CREMATO	ORY 24D.	3 A At	(City, tow	n, or county)	Ment.
	NE OF REGISTRAR		UNERAL DIRECTO	OR C	rore	ADDRESS	1.3.1
250. 1441	- CI KEGIJIKAK	200.	C. TENTE DIRECT		9		

Fed 15, 1936 Proc Range Ks Catte Md. us A. Ethel Hall Herzenthe Worse Ellel Toover Same S A.A. SHOTE SA MINISTER SA BESIN Burne 2-14.72 MT. Aubern Com Battimore Marti Eliny O. Wilson Mc Bro- Kay Pa

BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	72 01606
I NAME OF DECEASED HOPKINS	2. DATE Known Month Doy OF DEATH Estimoted	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy February 9,1972	9:00 A. M.
UNION MEMORIAL HOSPITAL	S. USUAL RESIDENCE (Where deceosed lived. If Institution: resi A. STATE Maryland B. COUNTY	dence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Baltimore D. INSIDE CITY LI	
10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 67 Months, Doys Hours, Min.		
IL BIRTAPLACE (Sigle or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
T4A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give) war or dotes of service) 218-10-486	18. INFORMANT ADDRE	ss m L
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH Arteric	osclerotic cardiovascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
INDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
O II		
TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ces mellitus	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21.	AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB. home, farm, foctory, street, offic	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct-loc ce bldg., etc.) INJURY OCCUR?	
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY OF IN	22F. HOW DID INJURY OCCUR?	
23.	utapsy and that an this basis, death in my apin	ign
resulted from: Natural causes 🕸 Accident 🗌 Suici	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE hed Wall	D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	2/9/72
24A. BURIAL CREMATION, REMOVAL (Specify) 2-12-22 Put Carlo	un Cart Boelto	26
FEB 15 1972 Page 8 Safe 80	25C. FUNERAL DIRECTOR ADDRE	multonki
VS 151-REV. 1/1/68	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	che purchas but

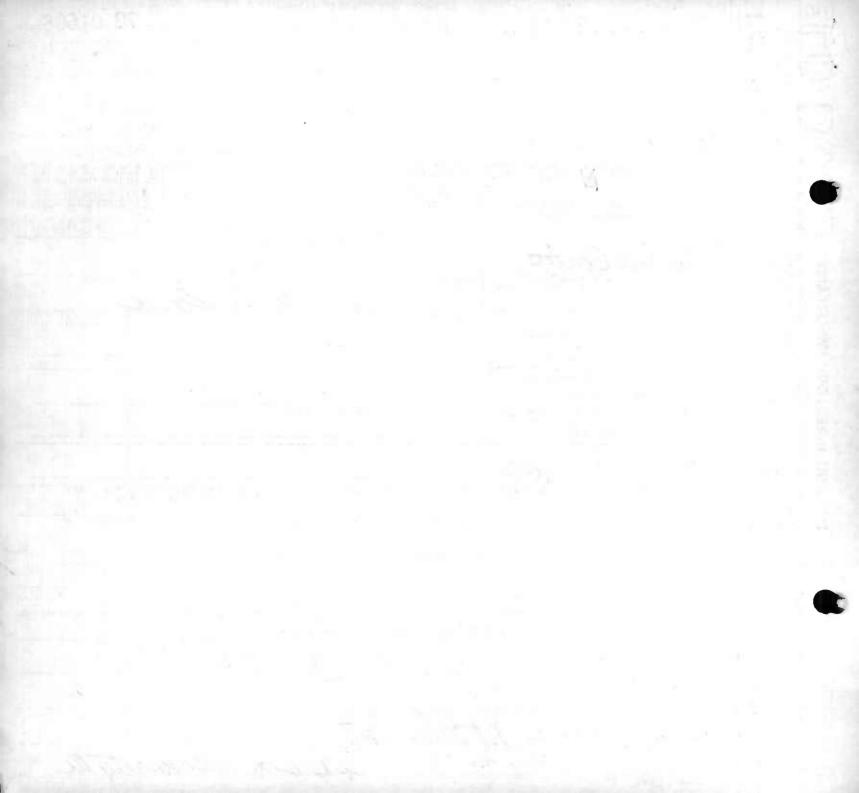


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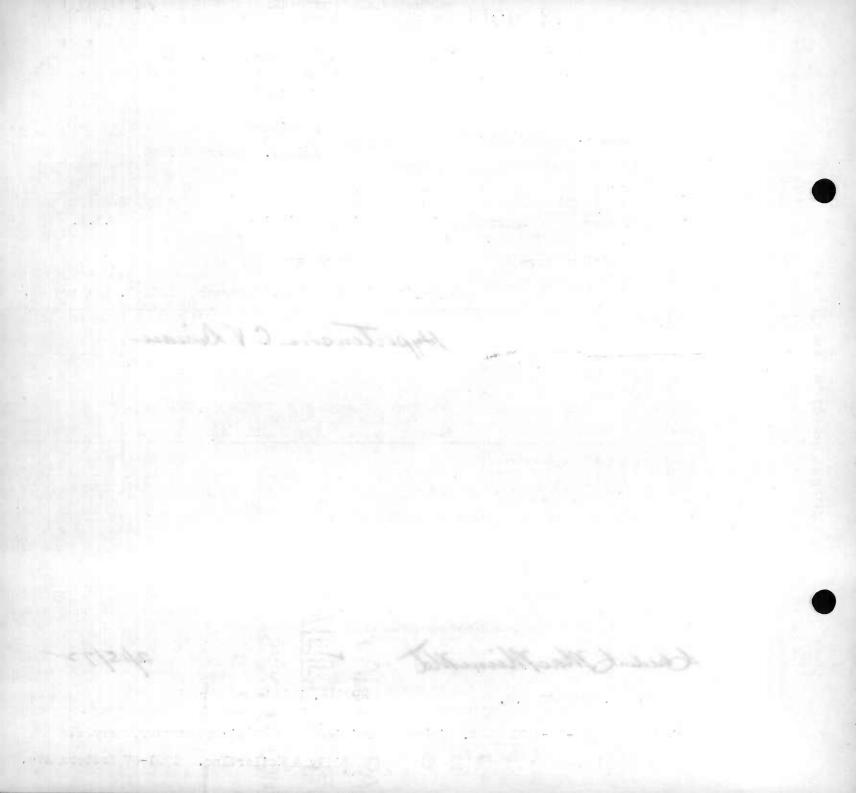
Eling 6 W. Com now Browthy down

	1	1		BALTIMORE CIT	Y HEALTH DEPARTMENT		20 0100 6
	H NO.		1608	CERTIFICA	TE OF DEATH		72 01608
	AME OF DECE	L sec	ch	c hantell	An .	ND HOUR OF DEATH	1 8.15 PM
		IMORE MARYLAND,		OUNCED DEAD	A. STATE B. COL	here deceased lived. Il	institution: residence before admission!
HO IN:	LL NAME OF	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
L	128in	noi Hospi	TAL	BALto	E. STREET AND NUMBER	_	
5. \$	1	6. RACE	7- MARRIED WIDOWED	DIVORCED [8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
dan	USUAL OCCU during most of w	PATION (Give kind of wo rorking life, even if refired)	A TOR KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE ISlate or for BALTIM		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAM	us-Cont	t		14. MOTHER'S MAIDEN N	S LEAC	Н
(Yes	Mus Decoused , no or unknown)	Ever in U. S. Armed Fo Ul yes, give war er de	orces? les of service)	SECURITY NO.	17. INFORMANT	A So	ADDRESS
NOUN	DISEASES OF THE UNDERLYING OTHER SIGNIFICATION THE DEATH	schenia, etc. it mean plication which cause interest that cause in above cause (Al CONDITION last. CANT CONDITIONS COLOR IS BUT NOT RELATED TO SOURCE IN PARTIES.	any, giving stating the CONTRIBUTING THE TERMINAL	(6) Multiple TO, OR A	ALE Congentel	anonules	
CERTIFIC/	19A-DATE OF	OPERATION 198 CO	NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
SAL CE	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	21 ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, c	in or about 21 C. WHERE DID	(If In Boltime	ore City, give exact location)
MEDIC	21 D. TIME OF INJURY IAPPROX.)	(Month) [Day) (Year	w	L INJURY OCCURRED hile At Not Whi ork At Work	21% HOW DID II	NJURY OCCUR?	
	22. I certify t	that (i) (this hospite	al) attended	the deceased from		_19to	19
	that (I) (we)	last saw the deceas	sed alive on.		19ond	that In(my) (our) op	inian death accurred on the date
	and hour and	fram the causes st	ated abave.	(1) (We) (did) (did not)	view the body after death	le	
	23A. SIGNATUR	A COO Manual	0	2 40			23 B, DATE SIGNED
	/	Sum	Rush	DEGREE Ph	ending Med. Director	Staff Phys	2-8-72
	NAME (Ty	NEZ AM	1 RA	OFAR	23D. ADDRESS		
24/	REMOVAL (S	AATION, 248. DATE pecity)	17 24C.N	TAME OF CEMETERY OF CH		LOCATION (10	City, town, or county! (State)
25/	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C FUNERAL DIRECTO	OR (1777) P	ADDRESS
VS	150-REV. 1/1/6	A DIE COS	7	2 0	LUNGUL	10000	willy in



(Year) (Hour) 22E, INJURY OCCURRED 22D. TIME (Manth) (Day) 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT (APPROX.) WORK AT WORK 23. ond that on this bosis, death in my opinion I certify that I held on Inquiry Inspection X Autopsy Suicide resulted from: Notural couses X Accident Homicide ___ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. ASSOCIATE MEDICAL EXAMINER EXAMINER'S 2-18-72 Russell S. Fisher, M.D. NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Auburn C Baltimore. metry Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 23c. FUNERAL DIRECTOR Adolphus Halstead 1206 W north Ave VS 151-REV. 1/1/68

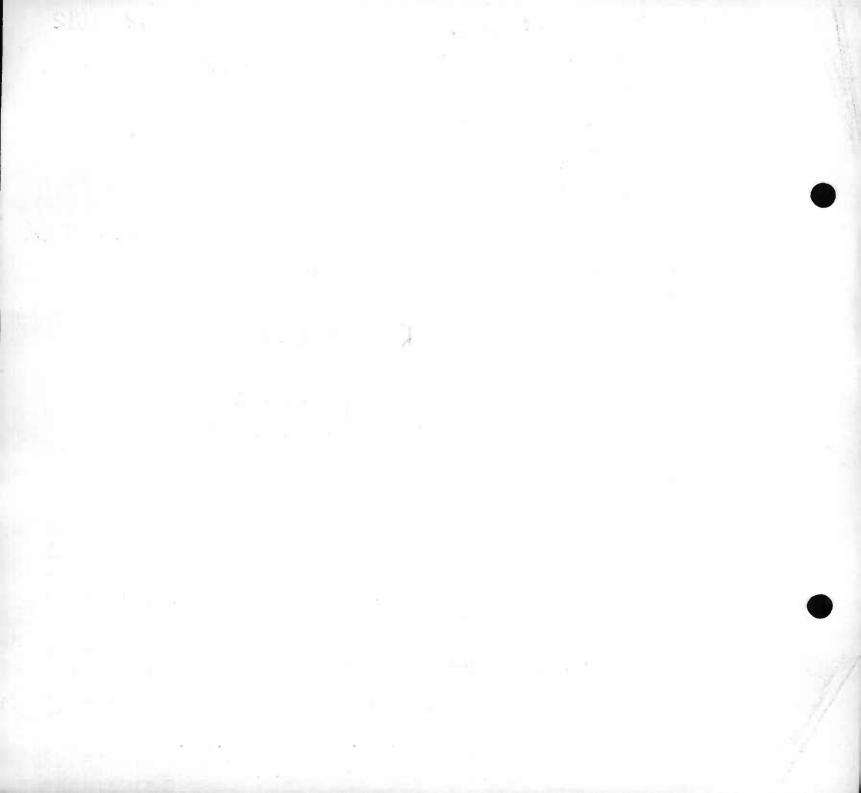
	AME OF DEC		TER	VAVRECK	Feb	ruary 14, 197	2
FUL	L NAME OF	TIMORE MARYLAND, V		UTION, GIVE STREET	Maryla	and	institution: residence before o
INS	D D	2212 E. Lom			E. STREET AND NUMBER 2212 I	nore	YES NO
5. SI	EX	6. RACE	7- MARRIED	X NEVER MARRIED □	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under Months Doys Hours
M	ale	White	WIDOWED	DIVORCED	July 3, 191	11 60	TVIOLITIS DOYS
done	USUAL OCCI during most of aintena	JPATION (Give kind of wor working life, even if retired) NCE Man	Sparre	F BUSINESS OR INDUSTRY	Witt, Illing		U.S.A.
	ATHER'S NA				14. MOTHER'S MAIDEN	NAME	
		Matthew Var			Mary Pacal		
15. V (Yes	Vas Deceased , no or unknown	Ever in U. S. Armed Fo (If yes, give wor or dot	rces? es of service)	16. SOCIAL SECURITY NO. 087-05-8133	Mrs Margare	et Vavreck 2	Address 2212 E. Lombard
	DISFASES (asthenio, etc. II meons application which couses ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) GONDITION lost.	d deoth.) S ony, giving	(B)	JSE A CONSEQUENCE OF: A CONSEQUENCE OF:		
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4	End			BALTIMORE CIT	Y HEALTH DEPARTMENT	1	72 01611
BIRTH	-00/U	72 03	1611	CERTIFICA	TE OF DEATH	REG. NO	7.002.02.2
I. NA	ME OF DECE				2. DATE	AND HOUR OF DEATH	
Туре	or Print)	LYNCH.	HATTLE		FER	RUARY 12.	1972 12:45P
3. PL	ACE IN BALT	IMORE MARTLAND, WH	ERE PRONOU	NCED DEAD	A. STATE B. COL	here deceased lived. If in	nstitutions tesidence before admission
FULL	L NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCAT	L OR INSTITU	TION, GIVE STREET	MARYLAND	BALTIMORE	21227
INST	PITAL OR	ADDRESS OR LOCAT	IONI		BALT I MORE	D. INS	IDE CITY LIMITS?
1	Lo	ST. AGN	VES HOS	PITAL	E. STREET AND NUMBER		YES NO 🕅
1	10				106 CIRCLE		5300
. SE		6. RACE	· MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	Il Under 1 Yr. If Under 24 Hr. Months; Doys Hours; Min.
	EMALE	NEGR O	WIDOWED		06 15 06	65	Troums Boys Hours
		PATION (Give kind of work) rorking life, even if refired)	OR KIND OF	SUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	oreign country!	12 CITIZEN OF WHAT COUNTE
Jone e	dough most of w	ronung me, even it termed)			NORTH CAROL	INA	U.S.A.
3. F/	ATHER'S NAN	AE.			14. MOTHER'S MAIDEN N	AME	
Δ	LONSO	PURNELL			PAT LEWIS)	
5. W	es Decessed	Ever in U. S. Armed Force (If yes, give war or dates	067	6. SOCIAL		ENS AVES	BALTO MD. 2122
. 4341	or sundown!	Jess Bive war of cales	OI SOIVICE!	SECURITY NO.	ST AGNES H	OSPITAL DE	CORDS-CATON &
1	8.250			CAUSE OF DEAT		OST TIPE RE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
NON	ise fa the UNDERLYING OTHER SIGNIFIC TO THE DEATH	R CONDITIONS, if an above cause (A) is CONDITION last. CANTCONDITIONS CON 4 BUT NOT RELATED TO THE DONOTHING RELATED TO THE DONOTHIN PART	Stoling the ITRIBUTING E TERMINAL	(c) Dia	ial Lobar 1 s a consequence of: belies Mel	lilús	
UIT		OPERATION 1198 COND	NTION FOR W	HICH OPERATION	120A. AUTOPSYZ (Yes or	Nol 208, IF YES, WERE	
RTIF	./ .	WAS PERFO	DEMED		YES	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
CERTIF	DR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	218.8	LACE OF INJURY IS.G.	YES In or obout 21 C WHERE DID office bldg. INJURY OCCUR?		re City, give exact location)
DICAL CERTIF	DEATH (notify	T WAS UNDERLYING TING CAUSE OF	218. F home etc.)	PLACE OF INJURY legg, form, factory, street of	in or obout 21 C. WHERE DID office bidg. INJURY OCCUR?	(If in Boltimo	
AEDICAL CERTIF	DEATH (notify	T WAS UNDERLYING TING CAUSE OF	218. F home etc.)	PLACE OF INJURY legg, form, factory, street of	in or obout 21 C. WHERE DID office bidg. INJURY OCCUR?	(If in Boltimo	
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MEDICAL CERTIF	DEATH (notify EID-TIME TO FINITE TO	The causes state	(Hous) 21& I While Work attended the	NACE OF INJURY is.g., form, factory, street, of injury occurred injury occurre	In or obout 21 G. WHERE DID office bidge INJURY OCCUR? 21 F. HOW DID II III DID TO THE DID OFFICE BRUARY 6 2 19 72 and view the bady after death	(If in Boltimon	re City, give exoct location) BRUARY 12 19 72
MEDICAL CERTIF	DR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	TWAS UNDERLYING TING CAUSE OF medical examined IManth (Day) (Year) that (M(this hospital) last saw the deceased from the causes state RE	(Hous) 21& I While Work attended the	NOTION OF THE PROPERTY OF THE	in or about 21 C. WHERE DID office bldg. INJURY OCCUR? 21 F. HOW DID II IE BRUARY 6 2 19 72 and view the bady after death tending Med. Director D	(If In Boltimon NJURT OCCUR? 19 72 ta FE that In (Ny) (aur) apl	BRUARY 12 19 72
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AKDICAL CERTIF	DEATH (notify LID TIME L	that (M (this hospital) last saw the deceased from the causes state RE MAHMOOD M. MATION, 248, DATE pecity) 2-16-72	(Hous) 21& I While Work attended the dalive an	PLACE OF INJURY le.g., form, factory, street, of the factory, street,	in or about 21 C. WHERE DID office bidg. INJURY OCCUR? 21 F. HOW DID II ile 22	(If In Boltimon NJURT OCCUR? 19 72 ta FE that in (My) (aur) apl Shaff Phys. KENS AVES. LOCATION (C) Baltimore, N	BRUARY 12 19 72 Inlan death occurred on the da 238, DATE SIGNED BALTO, MD. 2122 ity, town, or county) (State)

- 31 NA St . 3 Market Land Control

BIR	H-500 72	01612ERTIFICA	TE OF DEATH	REG. NO	72 01612	
1. N	NAME OF DECEASED pe or Print) HAVNIF / E	N ST. CLAIR	2. DATE AT	ND HOUR OF DEATH	1660	
3,	PLACE IN BALTIMORE MARYLAND, WHERE PR		4. USUAL RESIDENCE (Whe	re deceased lived if in	nstitution: residence before odmis:	M.
HC	ULL NAME OF OF OSPITAL OR IT ADDRESS OR LOCATION! LAKE DRIVE NURSIM	NSTITUTION, GIVE STREET	C. CITY OR TOWN	+	IDE CITY LIMITS?	_
1	2401 ENTAW PLACE	-	E. STREET AND NUMBER		YES NO	-
L	BALTIMORE MAI	CYLAND 21217	1737 N. GARCY			
5. \$	SEX BLACK NAR WIDO	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5/12/0/	9. AGE (In years lost birthdoy) 70 ucs	If Under 1 Yr. if Under 24 Months Doys Hours Mi	Hrs.
	LUSUAL OCCUPATION (Give kind of work 108, KIN the during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fore		12. CITIZEN OF WHAT COUN	NTRY?
14	6Nashore mAN		Heathville	VirginiA	12 N 8 34	A.
13.	FATHER'S NAME		Λ			
1	VilliAM HAINIE		Belle, MA	rThA		
15. Yes	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give wor ar dotes of serv	1 6, SOCIAL ice) SECURITY NO.	17. INFORMANT		ADDRESS	
	no	217-05-134-4	MRS, ANNIE H	AlNie Lw. Fe	e) 1237 N. Carel	12
	1B. 3 1 1 1 0 1 4	CAUSE OF DEATH		/	APPROXIMATE INTERV	AL
	DISEASE OF CONDITION DIFECTLY LEADING TO DEATH	Ree	unout CIVA			
	(This does not meon the made of dying,		SE A CONSEQUENCE OF:	***************************************		
	heart foilure, osthenia, etc. 11 means the disc injury ar camplication which caused death.)	ase.	levitic centro vo	ear dram		
	ANTECEDENT CAUSES	. 11	miso uneuly Di	blib.		
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:			•••
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) HSEV	D + Drebets	wellhas		
][
OI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF TH	NG				
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No	20R IE VEC WERE	FINDINGS CONSIDERED	
ERTIF	WAS PERFORMED		237401013111103 01 110	IN CERTIFYING CA	USES OF DEATH?	
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, af etc.)	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimor	re City, give exact location)	
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	(APPROX.)	While AI Wark Not While At Wark	'□	=	_	
	22. I certify that (i) (this hospital) attend		1-8	19 2 10 2	19 73	三
i 1	that (i) (we) lost sow the deceased alive		19 <u>7</u> 2ond th	ot in (my) (our) opl	nion death accurred on the	date
	and hour ond from the couses stated above	e. (1) (We) (did) (did nat) v	lew the body after deoth.			
	23A. SIGNATURE	AHA	nding Med.	Stuff [23B, DATE SIGNED	
	23C. PHYSICIANS	DEGREE		Staff Phys.	16-13-12	
	23C.PHYSICIAN'S NAME (Type)	170 15	TGZ C 0 0 mg	DATA-97	Rmis 40 TA	10 7
24A	BURIAL CREMATION, 124B. DATE 124	C. NAME OF CEMETERY OF CRE	MATORY CETT	WIN DEN	WKUTE MAZ OF	-
	REMOVAL (Specify)		22		ty, town, or county) (State	el
25A	Burial 2-16-72	Arbutus Mem.	Pk Ba	alto., Md.	ADDRESS	
	CED 15 1072 R& 4	SEL WALLO	11 0 11 11	A.Dattel		
VS	150-REV. 1/1/68		Kelson E.H.	• 1340	Calhoun Street	

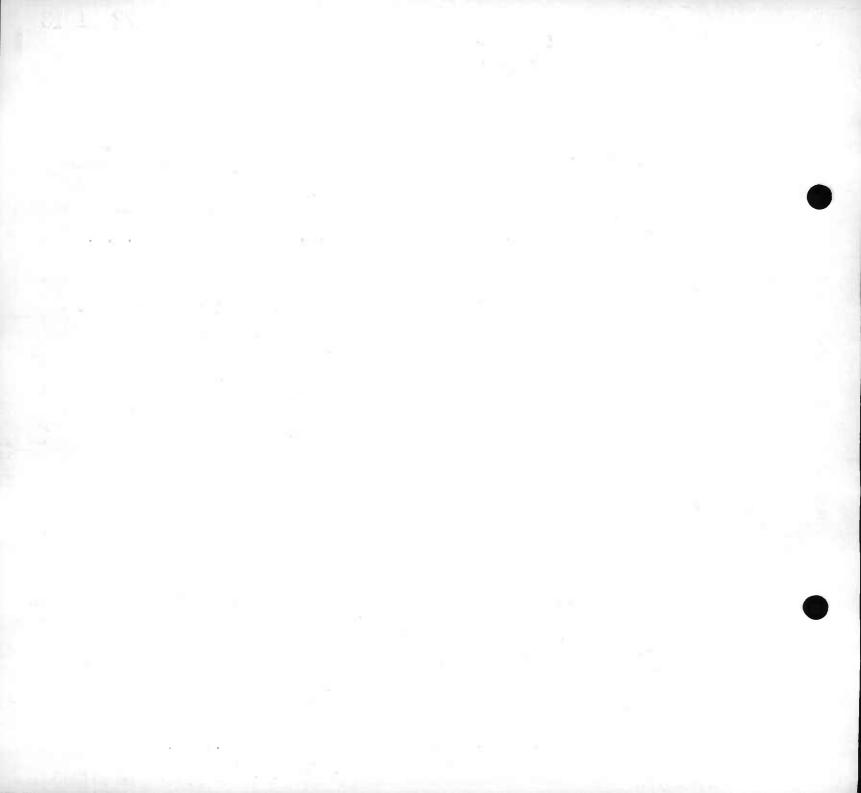


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DIRECTOR:

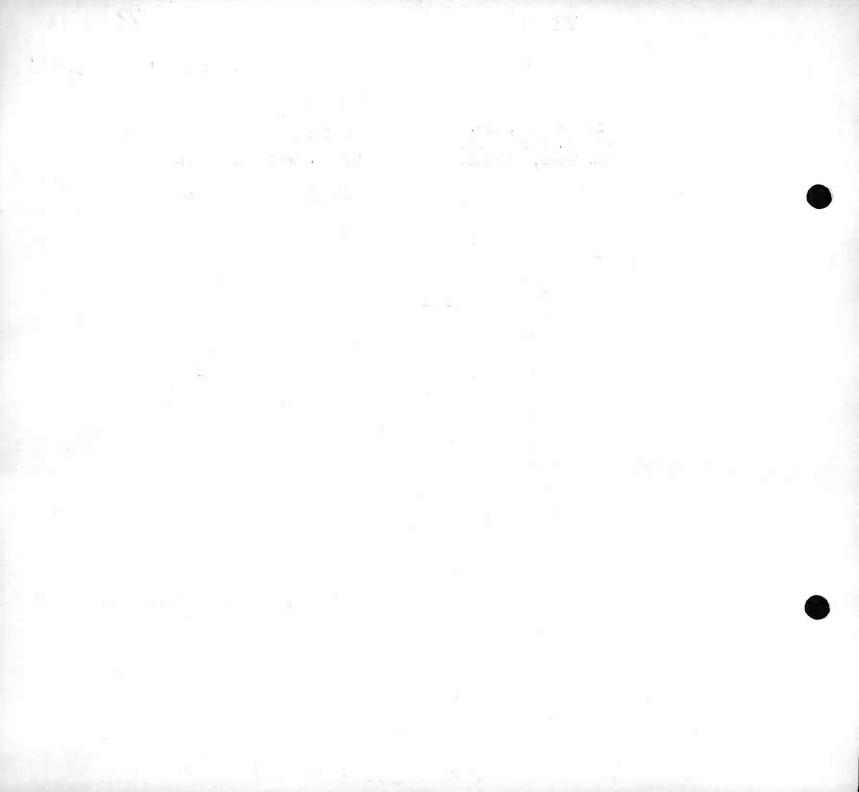
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VS 150-REV. 1/1/68



1 .12	F 170	04017	BALTIMORE CIT	Y HEALTH DEPARTME	NT	פליו	04044
BIRTH NO.		01614	CERTIFICA	TE OF DEAT	TH REG. NO	12	01614
1. NAME OF DEC		A SETTION OF THE		2. DA	TE AND HOUR OF DEATH		
3 PLACE IN PAI		AYTON Haze			February 1	14172	5:00 A
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUN	CED DEAD	A. SIAIE B.	(Where deceased lived. If	institution: reside	ence before odmissio
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPI	TAL OR INSTITUTION	ON. GIVE STREET	Maryland			1800
INSTITUTION		Home, Inc.		C. CITY OR TOWN	D. IN	SIDE CITY LIMIT	\$?
70	808 St. 1	Paul Stree	+	Baltimore		YES 🔀	NO 🗌
		Marylan		E. STREET AND NUM	ser cington Street		
5. SEX	6. RACE						
F	В	WIDOWED	NEVER MARRIED X	4/11/24	9. AGE (In years last birthdoy)	If Under 1 Months: Do	Yr. If Under 24 H ys Hours Min.
10A, USUAL OCCI	UPATION (Give kind of wo working life, even if retired)	KOY Ciro	SINESS OR INDUSTRY Le Nursing	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNT
	and and a second	Home		Lawrencevi	ille, Virginia		S.A.
3. FATHER'S NA	ME	1 none		14. MOTHER'S MAIDE			
Kalob Cl	ayton			Tinie			
5. Was Deceased	Ever in U. S. Armed Fo	rcos? II 6.	SOCIAL	17. INFORMANT			
Yes, no or unknown IO	Of yes, give wor or dot	es of service)	SECURITY NO.				DRESS 21223
18. / 🗘 /		[2,	31-26-9798 CAUSE OF DEAT		Clayton 1212 W	. Lexing	ton St.
rise to the UNDERLYING	CANT CONDITIONS, if above cause (A) CONDITION last.	stating the	(c)(b)	A CONSEQUENCE OF:	ma hull	, Fore N	16
I I IO THE DEAT	H BUT NOT RELATED TO TO TO SUIT ON THE PARTY OF THE PARTY	HE TERMINAL	***************************************				
19A. DATE OF	OPERATION 198 CON WAS PER	IDITION FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS COL	NSIDERED TH?
. OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF		CE OF INJURY (e.g., i arm, lactory, street, a	n or obout 21C. WHERE D	OID (If In Boltimon	re City, give exc	oct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeorl	(Hour) 21E, INJ While A Work	URY OCCURRED Not White	۰ - ا	D INJURY OCCUR?		
22. I certify	that (I) (this hospita	l) attended the d		eptember 20.	19 71 to Feb	ruary 14	19. 72
	last saw the decease				nd that in (my) (and) api		
				lew the bady after de	err	mon death ac	corred an the da
23A. SIGNATU	RE		-, (a.a.) (aid iidi) V	ien ine body difer de	um.	23B. DATE SIG	GNED
Me	elan Ce	Speize	DEGREE		Staff Phys.	2/1	4/72
PHYSICIAL NAME (TY	I'MO DO	plefa	DEOREE	6615 X	esterton	No	
REMOVAL (S Burial	248. DATE V 2-17-72	,	Auburn Ceme		Baltimore	ty, town, or cou	
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME OF RE	GISTRAR	25C. FUNERAL DIRE	cros 1735 Harfo		
and the second of the	ACRES A	/	7 3 6 7	A 1 1 A		TAA - 0	- 2- 47 3.7 3

Page & Jalle MD Marshall W. Jones, Jr. FEB 1-3 1577 VS 150-REV. 1/1/68

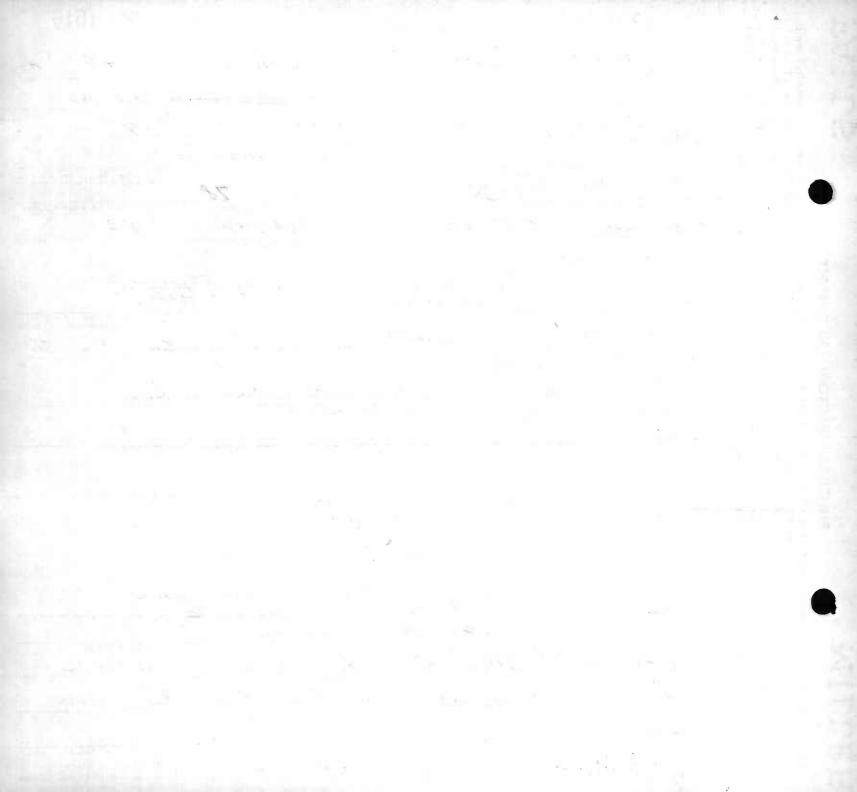


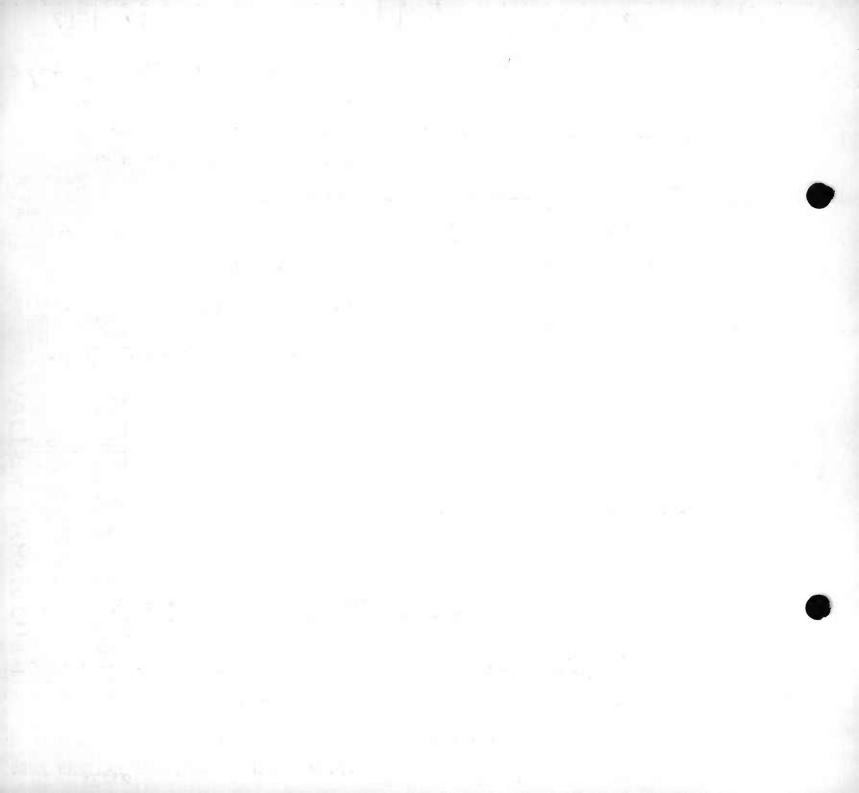
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BALTIMORE CITY HEALTH DEPARTMENT

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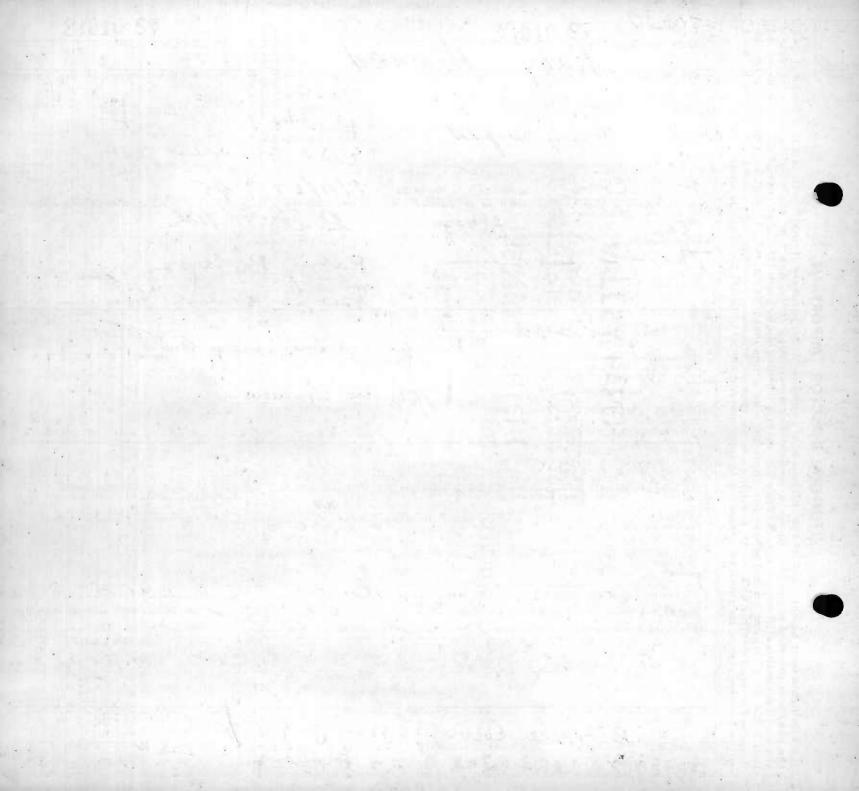
BIRTH NO.					MO OACAC
LNAME OF DEC	SATOTO	CERTIFICA	TE OF DEATH	REG. NO	72 01616
(Typo or Print)	MARGARET	Margaret Kupnick	_	72	43° A.
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	4, USUAL RESIDENCE (Whe	re deceased lived, Il i	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	A. STATE B. COUN	TOW ST	THANY CAND
	11	MICOITAL	BALTO.	10. 114.	YES NO
CHURC	CH HOME &	HOSPINI	E. STREET AND NUMBER	2	
			2205 6	ough ST.	105
SEX	6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	Il Under 1 Yr. if Under 24 Hrs.
F	CAUC	WIDOWED DIVORCED	2/28/92	lost birthday	Months Days Haurs Min.
A. USUAL OCC	UPATION (Give kind of wor	TOB KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY
	working life, even if refired)	OFFICE BUILDING	POLA	The	USA
CHAR W		Cirre Strains			USH
			14. MOTHER'S MAIDEN NAI	A S	
??	mas octic		Unknown		
es, no or unknown	Ever in U. S. Armed For	16. SOCIAL SECURITY NO. 2/2-09-169/	17. INFORMANT Mr. Ca	simir Kup	nicki Address
18, // //	1 47	CAUSE OF DEAT			APPROXIMATE INTERVAL
1 4/6	SE OR CONDITION DE	1 11		0 1	BETWEEN ONSET AND DEATH
Discr	LEADING TO DEATH	person	muse. Si	I indant	5
(This does a	nat mean the mode of	dying, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	- Myacce	Min was
	asthenia, etc. It means	me disease,	A CONSTRUCTOR		
	ANTECEDENT CAUSES		alete	1	0.
		(8)	maupue exis	we tule	
rise to the	OR CONDITIONS, if above cause (A)	any, giving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	G CONDITION last.	(c)			
	- 11				
OTHER SIGNIE	FICANT CONDITIONS CO	NTRIBUTING			
CIDISEASE OR C	FICANT CONDITIONS CO	UE TERMINIAL			
DISEASE OR C	FICANT CONDITIONS CO I'M BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OPERATION 1982 CON	HE TERMINAL T I (A). DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
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DISEASE OR CONTRIBUTION OF INJUST (APPROX.) 21. Certify that (i) (po) and hour one	FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OPERATION 198 CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medicol exomines (Month) (Doy) (Year) that (1) (this haspital last saw the decease d fram the causes state	HE TERMINAL T I (A). DITION FOR WHICH OPERATION ORMED 218 PLACE OF INJURY (e.g., i home, form, factory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Not While At Work) attended the deceased from 3 d alive an /3 72 ed abave. (1) (E) (did) (45)	n or about 21C. WHERE DID injury OCCUR? 21F. HOW DID INJURY 19 ond the tew the body after death.	(If in Baltimon	re City, give exact location) 19 nion deoth occurred on the date
DISEASE OR CONTRIBLE OF CONTRIBLE OF INJURY (APPROX.) 23A. SIGNATU	FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OPERATION 198 CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examines (Month) (Day) (Year) that (1) (this haspital last saw the decease d from the causes stat JRE Last C. M.	HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED 218 PLACE OF INJURY (e.g., indicatory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Not While At Work At Work d allve an /3 First red abave. (I) (Te) (dld) (district) Attacks Attack	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR? 21 F. HOW DID INJURY 19	IN CERTIFYING CA	re City, give exact location)
DISEASE OR CONTRIBUTION OF INJUST (APPROX.) 21. Certify that (i) (po) and hour one	FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OPERATION 198 CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examines (Month) (Day) (Year) that (1) (this haspital last saw the decease d from the causes stat JRE Last C. M.	HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED 218 PLACE OF INJURY (e.g., indicatory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Not While At Work At Work d allve an /3 First red abave. (I) (Te) (dld) (district) Attacks Attack	n or about 21C. WHERE DID injury OCCUR? 21F. HOW DID INJURY 19 ond the tew the body after death.	(If in Baltimon	re City, give exact location) 19 nion deoth occurred on the date
DISEASE OR CO 19A-DATE OF 19A-DATE OF INJUST (APPROX.) 22. I certify that (i) (***) and hour one 23A. SIGNATU 23C. PHYSICIA NAME IT ARA	FICANT CONDITIONS CO IN BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 198. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medicol exominer (Month) (Doy) (Year) that (1) (this haspital last saw the decease d fram the causes stat FIRE HER HER HER HER HER HER HER	HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED 218 PLACE OF INJURY (e.g., indicatory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Not While At Work At Work d allve an /3 First red abave. (I) (Te) (dld) (district) Attacks Attack	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR? 21 F. HOW DID INJURY 19	(If in Baltimon	re City, give exact location) 19 nion deoth occurred on the date
DISEASE OR CO 19A-DATE OF 19A-DATE OF CONTRIBUTION (APPROX.) 21A. ACCIDE OR CONTRIBUTION (APPROX.) 22. I certify that (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	FICANT CONDITIONS CO IT BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OPERATION 198 CON WAS PERI INT WAS UNDERLYING UTING CAUSE OF I medicol exominer (Month) (Doy) (Year) that (1) (this haspital last saw the decease of from the causes stat JRE JUNE JUNE HUR MATION 248 DATE	HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED 218 PLACE OF INJURY (e.g., indicatory, street, of etc.) (Hour) 21E INJURY OCCURRED While At Not While At Work At Work d allve an /3 First red abave. (I) (Te) (dld) (district) Attacks Attack	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19 ond the tew the body after death. 123D. ADDRESS 1933 BARRY	IN CERTIFYING CA (If In Baltimon URY OCCUR? 9 72 to	re City, give exact location) 19 nion deoth occurred on the date
DIME DEATH DISEASE OR CO 19A-DATE OF 19A-D	FICANT CONDITIONS CO IT BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OPERATION 198 CON WAS PER INT WAS UNDERLYING UTING CAUSE OF IT medicol exominer (Month) (Doy) (Year) That (1) (this haspital last saw the decease of from the causes stat JRE JUNE HUR MATION, 248, DATE Specily) MATION, 248, DATE	HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED 218 PLACE OF INJURY (e.g., indeed, of the content of	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJURY 19	IN CERTIFYING CA (If In Baltimon URY OCCUR? 9 7 2 to at In(my) (op! Shaff DCATION (C.	re City, give exact location) 19 nion death occurred on the date 23B. DATE SIGNED 13 FEB 72 PACTO 2/222 ity, town, or county) (State)
DISEASE OR COLUMN TO THE DEATH (NOTIFY INDUSTRIES OF COLUMN THE DEATH (NOTIFY INDUSTRIES OF INJURY (APPROX.) 22. I certify that (I) (1) (1) and hour one 23A. SIGNATU 23C. PHYSICIA NAME (TANAME (TAN	FICANT CONDITIONS CO IT BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 198 CON WAS PER INT WAS UNDERLYING UTING CAUSE OF medicol exomines (Month) (Doy) (Year) that (1) (this haspital last saw the decease of from the causes stat JAE LIN'S LIN'S MATION, 248, DATE 2/16/	HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., index, or index) (Hour) 218. PLACE OF INJURY (e.g., index) While At December of CEMETERY of CRE 24C. NAME of CEMETERY of CRE	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR? 21 F. HOW DID INJURY 19 ond the tew the body after deoth. 123D. ADDRESS 19 3 BARRY 24D. LC Balt	IN CERTIFYING CA (If In Baltimon URY OCCUR? 9 72 to	re City, give exact lacation) 19 nion death occurred on the date 23B, DATE SIGNED 13 FEB 72 PACTO 2/222 ity, town, or county) (State)
DISEASE OR COLORS OF CONTRIBUTION OF CONTRIBUT	FICANT CONDITIONS CO IT BUT NOT RELATED TO TI CONDITION GIVEN IN PAR OPERATION 198 CON WAS PER INT WAS UNDERLYING UTING CAUSE OF medicol exomines (Month) (Doy) (Year) that (1) (this haspital last saw the decease d from the causes stat JRE LIVE LIVE LIVE LIVE MATION, 248, DATE Specily) EY HEALTH DEPT.	HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED 218 PLACE OF INJURY (e.g., indeed, of the content of	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID INJURY 19	IN CERTIFYING CA (If In Baltimon URY OCCUR? 9 72 to of In(my) (op) CATION (Ci Timore,	re City, give exact location) 19 nion deoth occurred on the date 238 DATE SIGNED 13 FEB 72





FUNERAL DIRECTOR: IMPORTANT

	1/12)	BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	7-630 72 01618	CERTIFICA	TE OF DEATH	REG. NO.	72 01618
(Typ	e or Print) Ruby	HOWAK	00	ND HOUR OF DEATH	230 PM
FU H C	PLACE IN BALTIMORE, MARYLAND, WHERE PRI LL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COU	NTY	stitution: residence before admission) DE CITY LIMITS?
INS	37 Mercy Ha	epital	E. STREET AND NUMBER	addin	YES NO
5. S	~ A 0	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired)		11. BIRTHPLACE (Stote or for	eign country)	12. CHIZEN OF WHAT COUNTRY?
	FATHER'S NAME	Hosts	AS AS MAIDEN NA	ma	
-	Thomas John		Ruby F	Belluss	
(Yes	Was Deceased Ever in U. S. Arched Forces? , no or unknown) (If yes, give war or doles of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	2 forward	1708 ADDRESS
ATION	heort foilure, osthenio, etc. It meons the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, girise to the above cause (A) stating UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIT	ving DUE TO, OR AS Ihe (C)	atic Adenocar A CONSEQUENCE OF:	oins-ma	
CERTIFICAT	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION I WAS PERFORMED		20 A. AUTOPSY? (Yes or N	IO) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CAL CEI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or oboth 21 C. WHERE DID	(If In Boltimore	City, give exact location)
_	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (47) (this haspital) attend that (6) (we) last saw the deceased alive	an 13 Feb			Feb 72 19 nian death accurred an the date
	and haur and fram the causes stated above 23A. SIGNATURE (A) (A) (B) (B) (C) (Type)	MIN DEGREE Phy	nding Med.	Staff Phys.	238. DATE SIGNED 14 Feb 72
24A	N. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 3. DATE REC'D BY HEALTH DEPT. 25B. NA 15 P. 15 1972 Policy E. Jack	C. NAME of CEMETERY OF CRI	25G. FUNERAL DIRECTO	ml	y, town, or county) - (Stote) M ADDRESS N orth ar
V	150-REV. 1/1/68	CO COST	10.0.		/



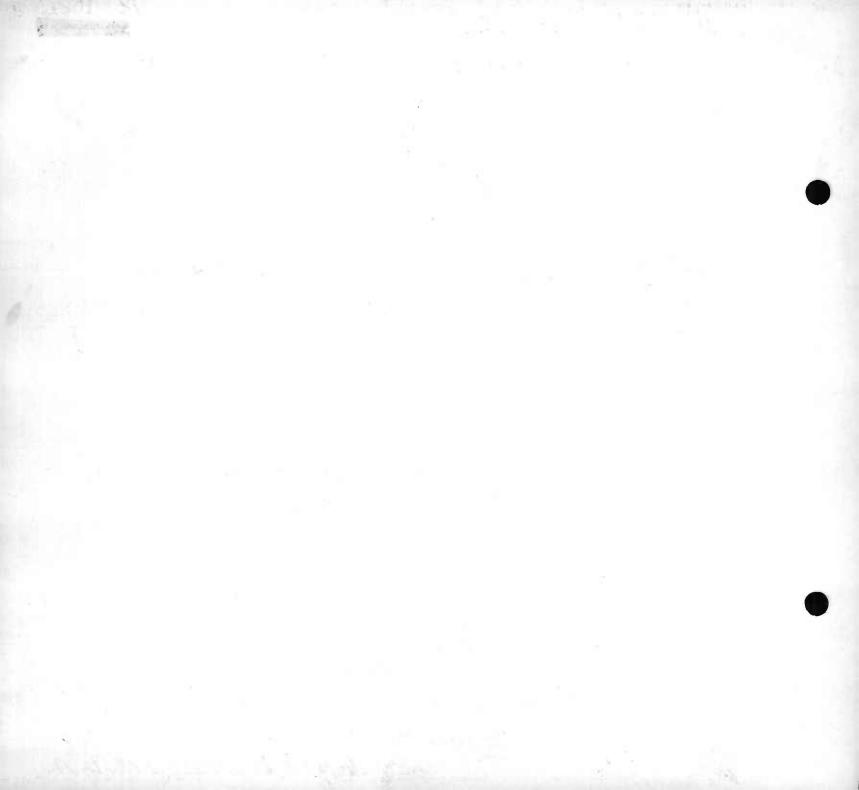
	EALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 72 01619
1. NAME OF DECEASED	2. DATE Known XX. Month Doy Year Hour
(Type or Print) EMMA MAITH	OF DEATH Estimoted □ February 10, 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD February 10, 1972
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
1 Bon Secours Hospital (DOA)	A. STATE Maryland B. COUNTY 1901
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES NO
	E. STREET AND NUMBER
Ougg 1938 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. Months Days Hours Min	26 N. Vincent St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	Jen 400 See in total
14A. USUAL OCCUPATION (Give kind of work AB. KIND OF BUSINESS OR INDUST	RY 15. MOJHER'S MAIDEN NAME
dopedufing mast of working life, even if retired)	Karling Donalass
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na or unknawn) (If yes, give war or dotes af service) SECURITY NO.	mis Cearling Douglass 20 46 Brights 57
19. P. P. CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	BELWEEN ONSEL AND DEATH
LEADING TO DEATH	CAUSE Fatty metamorphosis of liver
	AS A CONSEQUENCE OF:
injury or camplication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No.)
2	Yes
O HADERIVING TOP CONTRIB	., in or obout 22C. WHERE DID (If in Baltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Haur) 22E. INJURY OCCURRED	
(APPROX.) m. WORK AT	WORK WHILE
23.	
	utopsy X ond that an this basis, death In my opinion
resulted from: Natural causes X Accident Suic	ide Hamicide Undetermined monner
ACTUAL (1, 10 C)	CHIEF MEDICAL EXAMINER DATE SIGNED
1 / / / / / / / / / / / / / / / / / / /	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER 2-10-72
(7)	Y or CREMATORY 24D. LOCATION (City Town, or couply) (State)
24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City Jown, or cauply) (State)
Duriell 277 12 114 wither	in cen. (layou (Saluna) 100
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250- FUNERAL DIRECTOR ADDRESS
	I have but by a land of the coll
FEB 15 1972 Paled & Jabon X.D.	Jusiphi Kuas 2223 M. Northur.

aug 1938 MET TO ME TO SE Denace Sampleta Berlin Douglass Mountain me land so payer 30 the Brights -Hunde 344 72 Mit Ration and Work Station My Sawyolf Kenn 2224 Mc Mexilles

VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

1	M	BALTIMORE CITY	HEALTH DEPARTMENT	7	72 01621
BIF	7201	621 CERTIFICA	TE OF DEATH	REG. NO.	-
	NAME OF DECEASED Pe or Printi ROOSEVELT M		2. DATE A	NO HOUR OF DEATH	2 ,
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR				m: residence before admission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OF		MD B. COUR	1403	21217
IN	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
i.e.	15		BALTIMORE E. STREET AND NUMBER	YES	NO D
_	GOOD SAMARITAN HO		2232 ETT	ING ST	
5.	MALE NEGRO WIDON	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (in years If U Man	Inder 1 Yr. If Under 24 Hrs. the Doys Hours Min.
104	LUSUAL OCCUPATION Give kind of work 108, KIN		11. BIRTHPLACE (State or fore	eign country) 12.0	CITIZEN OF WHAT COUNTRY?
don	e during most of working lile, even if retired)		VIRGINIA -		
	STEELWORKER LA	BORFIL	14. MOTHER'S MAIDEN NA	446	U-S.A
(Calvin Murphy		Elizabeth	Murphy	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown) lif yes, give war ar dates of servi	16. SOCIAL SECURITY NO.		17 6	ADDRESS
	NO-	210 16 2850	MosThongon	Murphy 1722	11611 A
_	18. // 2. / 1	CAUSE OF DEATI	1 113/1/6/63/9/	14 July 1/32	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	/ANIMMEDIATE CAU	SE CARDIOPULMO	NARY FAILURE	= 2 WKS
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dise	e.c. Due to co ac	A CONSEQUENCE OF:	MASA FATOVET	
	injuly or complication which caused death.)				1
	ANTECEDENT CAUSES	CANCE	FR LUNG		1 VP
	DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the			
	The state of the s	(c)	***************************************		
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG			APPROX 50
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL MITRA	L INSUFFICIE	FIUQ/	MANY YRS
ERTIFICATION	19A-DATE OF OPERATION 19R CONDITION F	OR WHICH OFERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE FINDIN	GS CONSIDERED OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 27C. WHERE DID	(II In Boltimore City,	give exact location)
EDI	21 D-TIME (Month) (Day) (Year) (Haur) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
3	(APPROX)	While At Work Not While	· 🗆		
	22. I certify that (1) (this hospital) attend	ed the deceased from	2-1	19.72 to 2-4	19 72
	that (1) (we) last saw the deceased alive	on	19_ 72_ and th	at in(my) (our) opinion d	leath occurred on the date
	and hour and from the causes stated abov	e. (1) (We) (did) (did not) v		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	23A. SIGNATURE	= 14 B	Tow the body eller deeths	23 B. C	DATE SIGNED
	Robert To Manganina	TATTERN After	nding Med.	Stoff TST	2-4-72
	23C.PHYSICIAN'S NAME (Typel	DEGREE	BD. ADDRESS	Priys.	1 : 1
	LARRY KVO	IS M.D. DEGREE	Hohns	Haskins	Justal
244	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City, tow	n, or county) (State)
25	Burial 11-9-721	Arbutes Man	nlark A	rbutus	Md
25A	FEB 13 1972 " Para Property Para Property Para Para Para Para Para Para Para Par	Roi Menin	25G FUNERAL DIRECTOR	221241	North Aus
-	150 PEV 1/1/40		Jave DI) MIKE	المال على المال	-011111



IMPORTANT

FUNERAL DIRECTOR:

H-462 BALTIMORE CITY	Y HEALTH DEPARTMENT 72	01622
BIRTH NO. 1. NAME OF DECEASED 72 01622 CERTIFICA	ATE OF DEATH	
(Type or Print) ALLERS, ELIZABETH (ELIZABETH	ALLERS) 2. DATE AND HOUR OF DEATH 2/8/72	1/15 CM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD M. GEN. HOSPITAL FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	4. USUAL RESIDENCE (Where deceased lived, If institution: B. COUNTY C. CITY OR TOWN D. INSIDE CITY	27 43 LIMITS?
Maryland General Hospital	E. STREET AND NUMBER 3604 MOHAWK AVE	NO []
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 9 Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOUSEW, FECOPORTION Retired 13. FATHER'S NAME	USA Maryland	SA
Michael McGlennan	Elizabeth Shimp	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) [If yes, give war or doles of service] 219-30-9788	Mrs. N. Virginia Allers-3207	ADDRESS 21214 Moravia Rd
DISEASE OR CONDITION DIRECTLY	ISE GRONCHU (NEWM ON)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heort failure, osthenio, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	2 0075
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving ise lo lhe obove couse (A) slating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS	A CONSEQUENCE OF:	5 DAYS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)		**************************************
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, street off DEATH (notify medical examines)	n or obout 21C. WHERE DID (If In Boltimore City, give bidg., INJURY OCCUR?	e exoct location)
OF INJURY (Month) (Doy) (Yeod (Houd) 21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (i) (this hospital) attended the deceased from that (i) (we) lost saw the deceased alive an 2/8/72	19 72 to -/8	19 72
Phys.	lew the bady after deoth.	E SIGNED
23C. PHYSICIAN'S NAME (Type) MAN SONE A. VOITH	3D. ADDRESS	- Juny
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREE Burial Feb. 12372 Mt. Olevet Ceme		
FEB 1-3 1972 DEPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR H. Sander & Sons, Inc., 1	ADDRESS

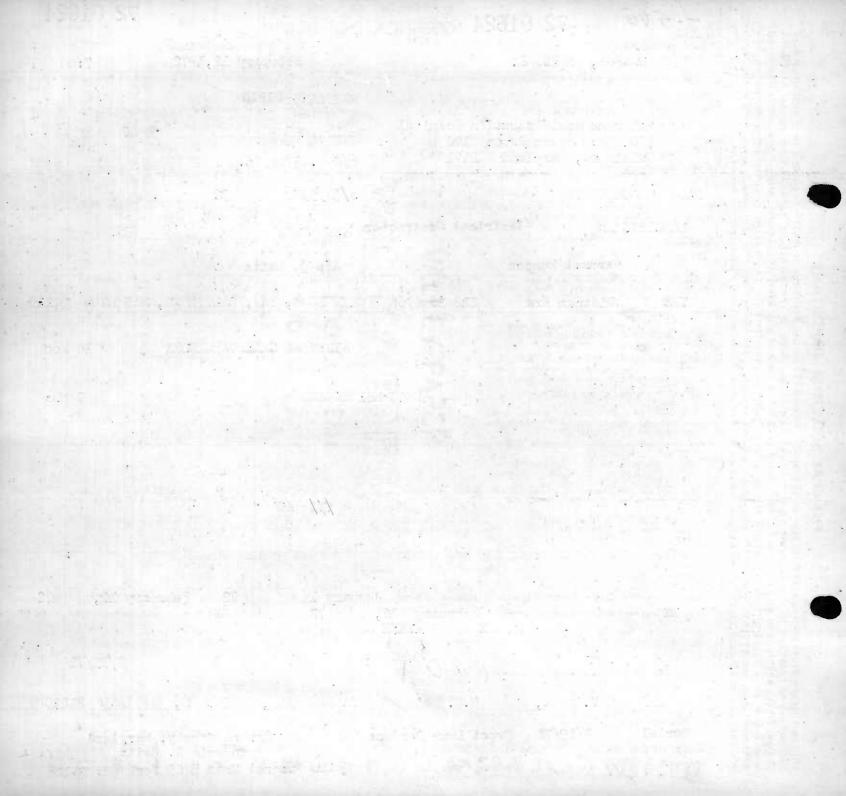
Balto. Md

8/6/71 3207 MOTOVIA, 2/2/4

	M-450	70 01	022		HEALTH DEPARTMENT	DEC NO	72	01623
- 1	RTH NO.	12 01	1020	CERTIFICA	TE OF DEATH	REG. NO		27000
	NAME OF DECEASED			1		ND HOUR OF DEATH		–
-IL_	Mulle	n. 1	na	rus J.	2/1	3/72	1/	a A N
3	PLACE IN BALTIMORE, MAR	YLAND, WHERE I	RONOUNC	EDEAD	4. USUAL RESIDENCE (Whe	no deceased lived. If i	nstitution: residen	ce before odmission)
F H II	ULL NAME OF (IF NOT) OSPITAL OR ADDRESS ASTITUTION LOUISE L	N HOSPITAL OR			C. CITY OR TOWN	Balto Cit	DE CITY LIMITS?	101
	90 5837	Belan		Luc	Balto E. STREET AND NUMBER		YES 🕢	NO 🗌
	B	alto m			620 N K	Pebinson	5+	# 21212
3.	SEX 6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	if Under 24 Hrs.
10	A. USUAL OCCUPATION (Give		OWED A	DIVORCED L	110/1885	86		
do	ne during most of working life, even	if retired)		THESS OF INDUSTRE	11. BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN O	SA COUNTRY
13.	FATHER'S NAME	101	*		14. MOTHER'S MAIDEN HA	ME		
	Charle	s Kot	alik		mai	w Suc	JOA.	
15. (Ye	Was Deceased Ever in U. S. A. s. s. naver unknown) (II yes, give w	Armed Forces? For or dotes of se	rvicel 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
L	No -		-	17-01-6983	Ellereno	Cep. Ilan	620 4 R	Low Sen St
	18. 4/2, 3d1	250.9		CAUSE OF DEATH		04144.	APPE	ROXIMATE INTERVAL
	DISEASE OR CONDI				1	21	BETWEE	EN ONSET AND DEATH
	(This does not mean the	mode of dving	0.0	(A) IMMEDIATE CAU		tin Kang On	-	
	heart failure, astheria, etc. injury or complication which	It means the dis	9209	DUE TO, OR AS A	CONSEQUENCE OF:			
	ANTECEDENT			6	2.			
	DISEASES OR CONDITIO			(B) Oland	1 Chitewoods	Da.	- Ja-	Yha
	rise to the above cou	se (A) slating	the	DUE 10, OR AS	CONSEQUENCE OF:		0	
	UNDERLYING CONDITION	last.		(c)	POTO CONTRACTOR DE CONTRACTOR			***************************************
z	OTHER SIGNIFICANT CONDITION	Out CONTOURING		-				
ATION	OTHER SIGNIFICANT CONDITI-	TED TO THE TERM	ING Des	beter : Chronic	Bui Syrum. Col	Enema - Dr.	17.	
IC/	DISEASE OR CONDITION GIVE	98. CONDITION	FOR WHIC	H OPERATION	120A-AUTOPSY? (Yes or No.	20B IF YES WERE	INDINGS CONS	EDERED
ERTIFIC	0	WAS PERFORMED			20A. AUTOPSY? (Yes or No.	IN CERTIFYING CA	USES OF DEATH	?
O	21 A. ACCIDENT WAS UNDE	LYING	21 B. PLAC	CE OF INJURY (e.g., in	or about 21 C. WHERE DID	(il In Boltimor	e City, give exoct	locotion)
CAL	DEATH (notify medical examin	ed	etc.)		OGGOR			
AEDI	21D. TIME (Month) (Doy	(Yeor) (Hour)	THE CALL STATE	JRY OCCURRED	21F. HOW DID INJU	DRY OCCUR?		
8	(APPROX.)		White At Work	Not While				,
	22. 1 certify that (1) (this	hospital) attend			3/3//	9 20_10	3/1	3/ 19/2
	that (I) (we) lost sow the	deceased offve	on	2/2/	1 2:	of In(my) (o ur) opti	lon decth a	/
	and hour and from the cou			did not) vi	w the hody often dent	intimy, foot obti	neoiu occ	orred on the dote
	23A. SIGNATURE			7-(010) (010 1101) (11	w the body offer degin.		238, DATE/SIGN	ED
	(115 15	Budle		Atten	ding Med.	Staff Phys.	7/	2/2
	23C. PHYSICIAN'S	Bury		DEGREE Phys.	D. ADDRESS	Phys. 🗀	1 0//	1/1
	NAME (Type)							
24/	BURIAL CREMATION, 24B.	DATE 2	C NAME	DEGREE CREA	AATORY A 124D. LO	CATION . (Cit	y, town, at count	(Stote)
	REMOVAL (Specify) 2-	16-72 8	0	ms of fail	e Conta /	5-11-	NA.	S (Sidie)
25A	DATE REC'D BY HEALTH DE	PT. 258. NA	ME OF REC		25C. SUNERAL DIRECTOR	7 I man	7	DRESS
L	FFB 1.5 1972 18		Bee A		11625,29	(verly 1.	24 Ch	SACOHER
Ve	150-PEV 1/1/48				ALE.	7	`	

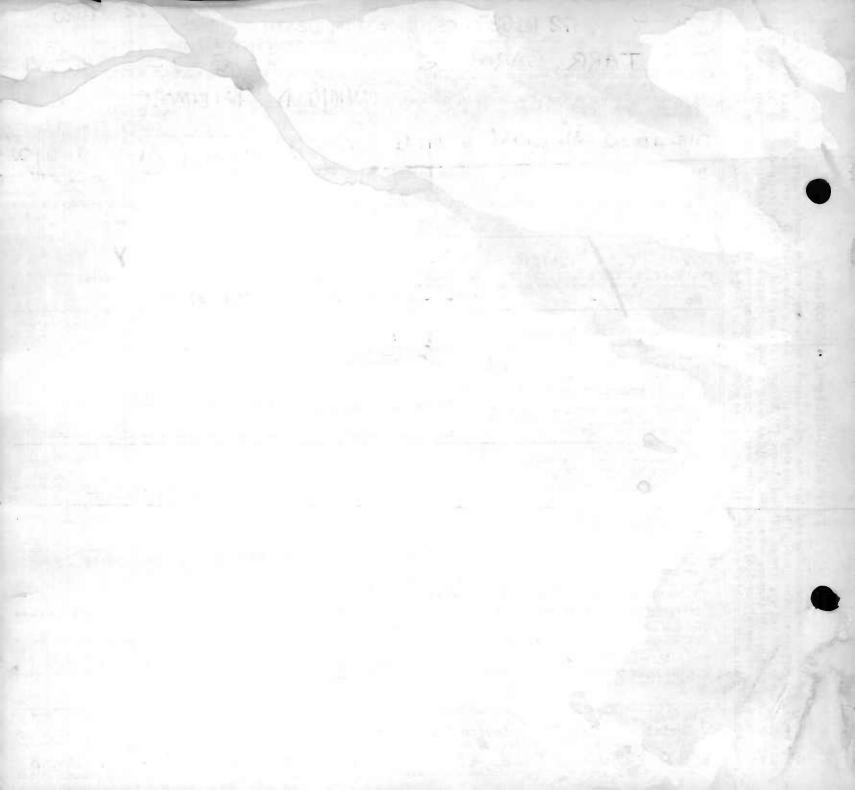
BSH- SV 10 × 54 Almond Hadday In the second Partie I to the Control of the State of the

	BIRTH NO. 72 01624 CERTIFICA	TE OF DEATH REG. NO.	72 01624
death death eased in the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
of Of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	February 12,1972 4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY	1 7:00 P Notification: residence before admission)
a hos cause se; (5) andand to de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Veterans Administration Hospital		DE CITY LIMITS?
ting dans	3900 Loch Raven Raven Blvd Baltimore, Maryland 21218	BAITIMORE E. STREET AND NUMBER 650 E. 37th St.	YES NO
tribut minec gular sed p	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED MALE CAUCASIAN WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 32	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ath or con deter in redeced	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired) ELECTRICIAN Electrical Contractor	11. SIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
if decect of the control of the cont	13. FATHER'S NAME Earnest Henson	14. MOTHER'S MAIDEN NAME	USA
stant ne dir ind; (leath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	Ada C. Watts	ADDRESS
s assistant of the ced during or fin	YES Vietnam Era 216 36 6966 18. 7 / 9 CAUSE OF DEAT	CLIN RCDS, VAH, BALTIMORE,	MARYLAND 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
er or hi cture of pronoun ar attel balmed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) (A) IMMEDIATE CAI DUE TO, OR AS	JSE SYNOVIAL CALL CARCINOMA A CONSEQUENCE OF:	18 Mos
examine (3) A fragan who pring the pring to the pring th		ETASTASES A CONSEQUENCE OF:	9 Mos
medical medical / burns; physici ian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
chie y a Body the nysici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS UNDERLYING 1 1218. PLACE OF INJURY (e.g.,	NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	
ital beer (2)	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or etc.)	ffice bldg., INJURY OCCUR?	City, give exact location)
hosp natur cept v d (6)	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) (APPROX.) (Month) (Doy) (Yeor) (Hour) (Hour) 21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	
t be approsed to the sed to the sed to the spit of any spital (except); an ust be obt	22. I certify that (X) (this haspital) attended the deceased from that XIX (we) lost saw the deceased alive an February 12, and hour and from the causes stated above. (A) (We) (did)	19 72 ond that in 700 (our) opin	
accided a hos	23A. SIGNATURE Menneth V. Edin M.D. DEGREE Phy 23C. PHYSICIAN'S	ending Med. Stoff Phys. 23D. ADDRESS	2/12/72
certificate sody was vs: (1) An D.O.A. at ased prio	NAME (Type) KENNETH V. EDEN, M.D. DEGREE 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial 2/15/72 Crest Lawn Garden		y, town, or county) (Stote)
This certithe body shows: (I) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR FFB 15 1972 R.S. C. J. C. N. O. O.	Howard County, 25C. FUNERAL DIRECTOR Eugenia K. Seite Funeral Home 5209	Seitz ADDRESS 2/2/2
	VS 150-REV. 1/1/68		



FUNERAL DIRECTOR: -IMPORTANT

1-1-111	Drie i i i i i i i i i i i i i i i i i i	Y HEALTH DEPARTMENT	16 111675
72	1625 CERTIFICA	TE OF DEATH	REG. NO. 72 01625
I. NAME OF DECEASED			ID HOUR OF DEATH
(Type or Print) TARR C	ARAH C	2.	- 13 - 77 1 / 3° A
3. PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If institution; residence before admission
		A. STATE B. COUN	ITY.
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION)	OR INSTITUTION, GIVE STREET	MARCY CHAND.	BALTIMORE 2110
INSTITUTION		BALTMORE	D. INSIDE CITY LIMITS? YES V NO NO
THE UNION MEMO	Real Massing.	E. STREEL AND NUMBER	YES NO NO
	196140 ADBALLIKE	717 6/EN	1 WOOD AVE 2121
SEX 6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
	WIDOWED DIVORCED	03-03-96	13
OA, USUAL OCCUPATION (Give kind of work) [10] Ione during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12. CITIZEN OF WHAT COUNT
RETIRED.		MARYLAN	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME C
WALTER TAR	R.	HENRIET	TA STILICK.
5. Was Deceased Ever in U. S. Armed Farces Yes, no ar unknown) (III yes, give war or dates o	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No -	220-18-3402	Augusta Zoepfl	(Sister) Same
18. 4. 1. 2. 4. 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	CTI.Y	LVA.	BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE SUBARACHA	VOID HEMORRHAGE.
(This does not mean the mode of d	ying, e.g., DHE TO OR AS	A CONSEQUENCE OF:	X-1/X/1/X/X/X/X/X/X/X/X/X/X/X/X/X/X/X/X/
heart failure, asthenia, etc. It means the injury or complication which caused de	e disease,		
ANTECEDENT CAUSES	ASC	VD.	1
DISEASES OR CONDITIONS, if any	(B) DUE 10. OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) st	aling the		· 16
UNDERLYING CONDITION last.	(C)		***************************************
2 11			
OTHER SIGNIFICANT CONDITIONS CONT.	TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1	(A).	20A. AUTOPSY? (Yes or No	OR AS MACHINE PROPERTY CONTRIBUTION
OTHER SIGNIFICANT CONDITIONS CONT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 1994. DATE OF OPERATION 1998. CONDITION WAS PERFOI	MED WHICH OFERATION	20% WO TO LOT I LIES OF ING	100 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS IMPERIATED	1010 01 000 000 000 000		
TITLE ACCIDING WAS UNDERLING!	121 IS PLACE OF INJURY le.C., 1	n of about 21C. WHERE DID	(if in Rultimore City give exact location)
On contratation of contrat	home, farm, factory, street, of	n or about 21C. WHERE DID	(if in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	elc.)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D.TIME (Month) (Dayl (Year) (Houd 21E INJURY OCCURRED	21F. HOW DID INJ	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	elc.)	21F. HOW DID INJ	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D.TIME (Month) (Dayl (Year) (Houd 21E INJURY OCCURRED While AI Not While Work At Work	21f. HOW DID INJ	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D.TIME (Month) (Dayl (Year) (APPROX.)	Hour 21 & INJURY OCCURRED While AI Not While AI Work attended the deceased from	21f. HOW DID INJ	URY OCCUR?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Dayl (Year) (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased of the contribution of the c	How 21E INJURY OCCURRED While AI Not While AI Work attended the deceased from alive an 2 12	21F. HOW DID INJ 2 - 12 19 2 and the	URY OCCUR?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) OR CONTRIBUTING CAUSE OF CAUSE	How 21E INJURY OCCURRED While AI Not While AI Work attended the deceased from alive an 2 12	21F. HOW DID INJ 2 - 12 19 2 and the	URY OCCUR? 19 72 to 2 - 13 19 22 19 in(my) (aur) apinion death occurred an the do
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Dayl (Year) (OF INJURY (APPROX.) 22. i certify that (i) (this hospital) of that (i) (we) last saw the deceased and haur and from the causes stated	How 21E INJURY OCCURRED While AI Not While At Work attended the deceased from	21F. HOW DID INJ	URY OCCUR? 19 72 to 2 - 13 19 20 at in(my) (aur) apinion death occurred an the da
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 210. TIME (Month) (Dayl (Year) (OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased and haur and from the causes stated 23A. SIGNATURE	Houd 21E INJURY OCCURRED While AI Not While At Work attended the deceased from alive an 2 above. (1) (We) (did) (did nat) y DEGREE Phys	21F. HOW DID INJ 21F. H	URY OCCUR? 19 72 to 2 - 13 19 2 at in(my) (aur) apinion death occurred an the da
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Dayl (Year) (OF INJURY (APPROX.) 22. i certify that (i) (this hospital) of that (i) (we) last saw the deceased and haur and from the causes stated	Houd 21E INJURY OCCURRED While AI Not While At Work attended the deceased from alive an 2 above. (1) (We) (did) (did nat) y DEGREE Phys	21F. HOW DID INJ 22 — 12 and the lew the body ofter death. 23D. ADDRESS	URY OCCUR? 19 72 to 2 - 13 19 2 at in(my) (aur) apinion death occurred an the da
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D.TIME (Month) (Dayl (Year) (OF INJURY (APPROX.)) 22. i certify that (1) (this hospital) of that (1) (we) last saw the deceased and haur and from the causes stated 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) 7. CAUSE OF DEATH (Notify medical examined)	Houd 21E INJURY OCCURRED While AI Not While At Work attended the deceased from alive an 2 above. (1) (We) (did) (did nat) y DEGREE Phys	21F. HOW DID INJ 21F. H	URY OCCUR? 19 72 to 2 - 13 19 22 at in(my) (aur) apinion death occurred an the death occurred and the death occur
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 210. TIME (Month) (Dayl (Year) (OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased and haur and from the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION. 1248. DATE	Houd 21E INJURY OCCURRED While AI Not While At Work attended the deceased from alive an 2 above. (1) (We) (did) (did nat) y DEGREE Phys	21F. HOW DID INJ 22 and the riew the body ofter death. 23D. ADDRESS THE ANION	URY OCCUR? 19 72 to 2 - 13 19 2 at in(my) (aur) apinion death occurred an the da
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 210.TIME (Month) (Dayl (Year) (OF INJURY (APPROX.)) 22. I certify that (1) (this hospital) of that (1) (we) last saw the deceased and haur and from the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	Houd 21E INJURY OCCURRED While AI Not While AI Work attended the deceased from alive an 2 Attended and above. (1) (We) (did) (did nat) v DEGREE Physics Attended the deceased from and alive an 2 Attended the deceased from alive an 2 Attended the deceased from an alive an 2 Attended to a person and a p	21F. HOW DID INJ 19 22 and the riew the body ofter death. 23D. ADDRESS THE UNION EMATORY 24D. LO	URY OCCUR? 19 72 to 2 - 13 19 22 at in(my) (aur) apinion death occurred an the do Staff 23R, DATE SIGNED 23R, DATE SIGNED 2-13-72 MEALORIAC HOSPITAC DICATION (City, town, or county) (State)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 210. TIME (Month) (Dayl (Year) (OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased and haur and from the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 2/16/72	Houd 21E INJURY OCCURRED While AI Not While AI Work attended the deceased from alive an 2 Attended to a	21F. HOW DID INJ 22 and the place of the body ofter death. 23D. ADDRESS THE UNION EMATORY 24D. Let	URY OCCUR? 19 72 to 2 - 13 19 22 at in(my) (aur) apinion death occurred an the da Staff 238, DATE SIGNED 238, DATE SIGNED 2-13-72 Meano aiac Hospital Cation (City, town, or county) (State) timore, Maryland
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D.TIME (Month) (Dayl (Year) (OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased and haur and from the causes stated 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) 23C.PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 2/16/72 25A. DATE REC'D BY HEALTH DEPT. 25	Houd 21E INJURY OCCURRED While AI Not While AI Work attended the deceased from alive an 2 Attended to a	21F. HOW DID INJ 22 and the place of the body ofter death. 23D. ADDRESS THE UNION EMATORY 24D. Let	URY OCCUR? 19 72 to 2 - 13 19 22 at in(my) (aur) apinion death occurred an the de Stoff 238, DATE SIGNED 238, DATE SIGNED 2-13-72 Meano aiac Hospital Cation (City, town, or county) (Stole) timore, Maryland
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 210. TIME (Month) (Dayl (Year) (OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased and haur and from the causes stated 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 2/16/72 5A. DATE RECO BY HEALTH DEPT. 25	Houd 21E INJURY OCCURRED While AI Not While AI Work attended the deceased from alive an 2 Attended to a	21F. HOW DID INJ 22 and the place of the body ofter death. 23D. ADDRESS THE UNION EMATORY 24D. Let	DEATION (City, town, or county) 19 72 to 2 - 13 19 72 19 72 to 2 -



H-656 72 01		HEALTH DEPARTMENT	72 01626
BIRTH NO.	626 CERTIFICA	TE OF DEATH REG. NO.	
1. NAME OF DECEASED (Type or Print) Bennett W. Hon	ner	Feb. 9, 1972	TH 16:30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	Il institution: residence befare admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION		Maryland C.CITY OR TOWN	INSIDE CITY LIMITS?
00		Baltimore 21230	YES XX NO
1705 Belt Street		E. STREET AND NUMBER 1705 Belt Street	
Male White W	MARRIED NEVER MARRIED C	8. DATE OF BIRTH Feb. 18, 1901 P. AGE (In years bighday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B done during most of working life, even if refired) Retired	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maruland	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Horner		Jennie Bennet	
5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknown) (If yes, give wor ar dates of		17. INFORMANT 1713.	Belt Street
18.	213 10 5373 CAUSE OF DEAT		imore, Maryland 2123
injury or complication which caused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ise to the obove cause (A) sto UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED THE TENTE OF CONDITION GIVEN IN PART 1	giving (B) DUE TO, OK AS (C)	A CONSEQUENCE OF A CONS	to 2 years
19A. DATE OF OPERATION WAS PERFORM	ON FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (nofity medical examines)	218 PLACE OF INJURY (e.g., in home, tarm, factory, street, at elc.)	n ar about 21C, WHERE DID (It in Bolt) fice bldg., INJURY OCCUR?	imore City, give exact location)
21 D. TIME (Month) (Day) (Yeor) (H OF INJURY (APPROX.)	Out) 21£ INJURY OCCURRED While At Not Work At Work	21F. HOW DID INJURY OCCUR?	6
22. I certify that (I) (this hospital) at	tended the deceased from	7-22 19 66 to	2-9 1972
that (H) (we) last saw the deceased al	Ive an 2 - 9	19 72 and that in (my) four)	apinian death occurred an the da
and haur and from the causes stated of	v (temelib) (bib) (eW) (N) evade		23B, DATE SIGNED
Holando 11	Soco MD Atter	Med. Staff Phys.	2-11-77-
23C.PHYSIGAN'S NAME (Type)	- DEGREE	23D. ADDRESS	//-/-
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Burial 2-14-72	Cedar Hill Ceme	etery Baltimore	e, Maryland
EED 1.5 1070 CALLED	NAME OF REGISTRAR	25c. FUNERAL DIRECTOR 130 Mc uly Funeral Home Bo	East Fort Nonue
'S 150-REV. 1/1/68		Life was a subject to the Life	WW 0 9 1 1 1 6 6 6 6 6 6 1 1



NO

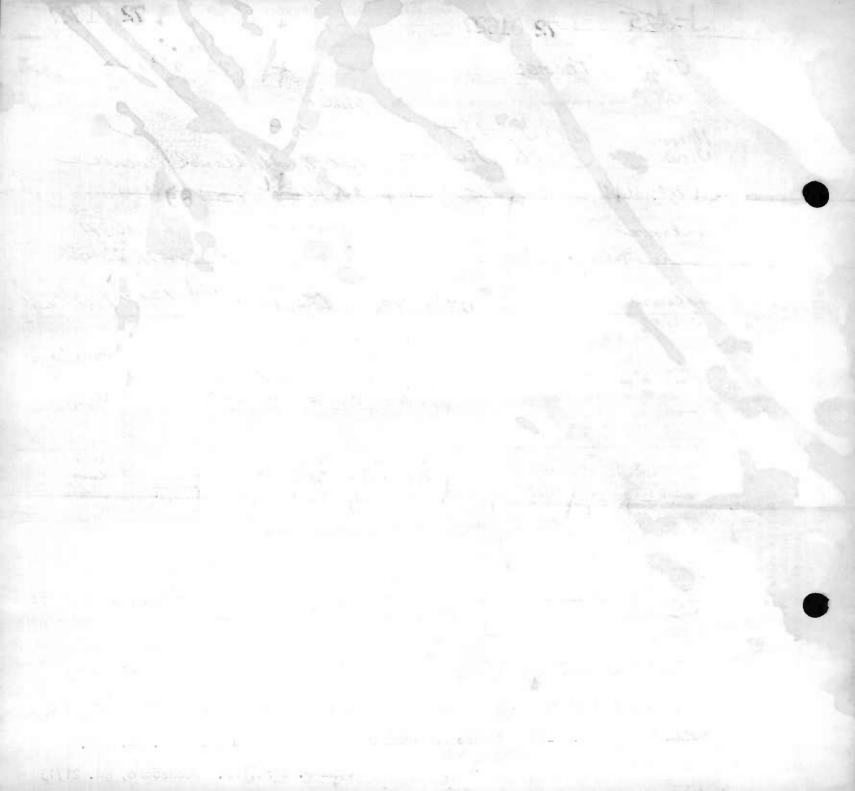
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

WSA

Boonsboro, Md. 21713

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68



< / / A	1	2 0162	8 CERTIFICA	ATE OF DEATH		
BIRTH NO.						
I, NAME OF DEC			-	2. DATE	AND HOUR OF DEA	TH
(Type or Print)	na E. Suhre			Feb	11, 1972	5:
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	A STATE B CO	Where deceased lived, I	If institution: residence before
FULL NAME OF	(IF NOT IN HOSE	PITAL OR INSTITU	ITION, GIVE STREET		dle St.	8
HOSPITAL OR	ADDRESS OR LO	CATION)	AND ASSESSED.	C. CITY OR TOWN	D. 1	INSIDE CITY LIMITS?
0 000				Baltimore C E. Sikeel AND NUMBE	ity	YES X NO
	ast Biddle	-		and the second of		
Baltin 5. sex	ore Maryla:		NEVER MARRIED	B. DATE OF SIKH	9. AGE (In years	Il Under 1 Ye , If Months: Doys : Hou
Female	Como	WIDOWED		7	lost birthdoy)	Months Doys Hou
IOA, USUAL OCCI		ork 108, KIND OF		RY 11. EIRPHPLACE ISlate of		12, CITIZEN OF WH
done during most of the House W	working life, even if refire d		lrom	Maryland		77 C A
13. FATHER'S NA		Homema	vel.	14. MOTHER'S MAIDEN	NAME	U.S.A.
John Ge	rst Ever in U. S. Armed	forces?	II 6. SOCIAL	Marie Kahl		ADDRESS
No No	Ever in U. S. Anned	ales of service)	SECULITY NO.			
18. / /			CAUSE OF DEA	J. Mrs. Florence	e Thompson	2535 E. Biddl
heart failure, injury or com DISEASES Coise to the	LEADING TO DEAT not mean the mode asthenia, etc. It mean application which coust ANTECEDENT CAUS OR CONDITIONS, it is above cause (AS CONDITION last.	of dying, e.g., ns the disease, ed death.) ES f any, giving	(B) CONO, OR	AUSE CONGRAM CAS A CONSEQUENCE OF	Thuch Do.	515% Sud
DISEASES Consent to the UN DERLYING	of mean the mode asthenia, etc. If mean uplication which couse ANTECEDENT CAUSOR CONDITIONS, it above cause (A) CONDITION last.	of dying, e.g., ns the disease, ed death.) ES f any, giving the stating the	(6) DUE 10, OR /	AS A CONSEQUENCE OF	Thuch bo.	
DISEASES Coise to the UN DERLYING OTHER SIGNIFIC TO THE DEALY DISEASE OR CO	of mean the mode asthenia, etc. If mean plication which couse ANTECEDENT CAUSER CONDITIONS, it above cause (ACC) CONDITION last.	of dying, e.g., ns the disease, ed death.) ES If any, giving the contributing the contribution that contribution that contribution the contribution that contribution t	(6) CONO, OR (C) COKGEN	Nanc Sala AS A CONSÉQUENCE OFF	mutes	57 m
DISEASES Coise to the UN DERLYING OTHER SIGNIFIC TO THE DEAT DISEASE OR CO	not mean the mode asthenia, etc. It mean uplication which coust ANTECEDENT CAUSE OR CONDITIONS, it above cause (43 CONDITION last.	of dying, e.g., ns the disease, ed death.) ES If any, giving the contributing the contribution that contribution that contribution the contribution that contribution t	(6) CONO, OR (C) COKGEN	Nanc Sala AS A CONSÉQUENCE OFF	mutes	
DISEASES Coise to the UN DERLYING OTHER SIGNIFIC TO THE DEAT DISEASE OR COISEASE OR CONTRIBE 21 A. ACCIDE OR CONTRIBE DEATH (notify DEATH (n	of mean the mode asthenia, etc. If mean plication which couse ANTECEDENT CAUSER CONDITIONS, it above cause (ACC) CONDITION last.	of dying, e.g., ns the disease, ed death.) ES f any, giving the contributing the contributing of the terminal art 1 (a). ONDITION FOR YERFORMED	(6) DUE TO, OR A (C)	Nanc Sala AS A CONSÉQUENCE OFF	Mux (S	57 m
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BI	S-550 RTH NO. 72 01		HEALTH DEPARTMENT TE OF DEATH	X REG. NO.	72 01629
	NAME OF DECEASED, ype or Print Edward SiNOU	2	2. DATE AN	ID HOUR OF DEATH)n. 50
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe A. STATE B. COUN	re deceased lived. If institu	11:50 M. ulion: sesidence befare admission)
EHZ	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION!	NSTITUTION, GIVE STREET	Maryland c. City or Town	Balti	more 5300 city Limits?
5	Good Samartan Hos	pital	E. STREET AND NUMBER	1	ircle Apt E
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE In veois	f Under 1 Yr. If Under 24 Hrs.
	MALE CAUC, WIDO		116107	64	lonths Days Hours Min,
do	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired)	t. Insurance	11. BIRTHPLACE (Stote or fore	gn country!	2. CITIZEN OF WHAT COUNTRY?
	Court clerk assistant	Agent	OTTAWA .	Illinois	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
16	Herbert J. SINON)	Theresa	Looney	
(Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown! (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO. 212 07 2966	17. INFORMANMES. C	atherine M. #1133 Donir	Sinon Circle
	18. H 92 XI	CAUSE OF DEATH		Towson, Md.	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				DET WEEK CHOSET AND DEATH
	(This does not mean the made of dying, heart foilure, asthenio, etc. It means the dise injury or camplication which caused death.)	e.g., DUE TO, OR AS A	consequence of:	na	2 Years
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, gi	ving (8)	CONSEQUENCE OF:	ļ	
	rise to the obove cause (A) stoting UNDERLYING CONDITION lost.	(C)			
	II.	(0)	***************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL TYPETIE	NSION 1		
ERTIFIC	19A-DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes at No.)	IN CERTIFYING CAUSE	SOF DEATH?
ICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If to Boltimore Ci	ty, give exact location;
MED	21D.TIME (Month) (Doy) (Yeor) (Hour) (APPROX.)	While At Wark	21F. HOW DID INJU	JRY OCCUR?	
	22, I certify that (I) (this hospital) ottende		JAN 26 1	9 72 to Fe	6 11 19 72
	that (I) (we) last saw the deceased alive		7		death occurred on the date
	and hour and fram the causes stated above	e. (I) (We) (did) (did not) vic	w the body after death.		
	23A. SIGNATURE Kensett R	Handen Attend	ding Med.	Staff Phys. 231	2/11/72
	23C. PHYSICIAN'S NAME (Type) KENNETL	R Hande 23	D. ADDRESS	at Al	-t./
4A	BURIAL CREMATION, 248. DATE 240	C. NAME of CEMETERY OF CREA	NATORY 24D. LO	CATION (City, to	wn, or county) (Stote)
	5	Dulaney Vakle	y Mem. Garder	ns- Towson.	
5A	DATE REC'D BY HEALTH DEPT. 258. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	Sterling Juneral E	atota ADDRESS
F		entro		736 Edmondson d	
9	150-REV, 1/1/68			Constant - will - 13	19.0 d

1 S.Y

1/ =1/1 70	BALTIMORE	CITY HEALTH DEPARTMENT	,	50 0100E
17-590 12 BIRTH NO.	01630 CERTIFIC	CATE OF DEATH	REG. NO.	72 01630
1. NAME OF DECEASED (Type or Print) HAMEL, LO	UIS R		UARY 10,	
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA IN STITUTION	L OR INSTITUTION, GIVE STREET	MARYLAND c. city or town	BALTIMOR	E 53 M
1 1 2	S HOSPITAL	BALTIMORE E. STREET AND NUMBER	J. 1143	YES NO X
	\$-	2 HILLVIEW	V DRIVE	
5. SEX 6. RACE	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yt. If Under 24 Hrs. Manths: Days Hours Min.
MALE CAUCASIAN	WIDOWED X DIVORCED	04/24/88	83	
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if refired) SELF-EMP,	BUILDING	MARYLAND	ign country)	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	MF	
JOHN HAMEL		CATHERINE H		LLEK
5. Was Deceased Ever in U. S. Armed Ferce Yes, no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	217-20-35	77 ST. AGNES H	OSPITAL R	E CORDS
18.44 2 / 9	CAUSE OF DI			APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if an insert to the above cause (A) and UNDERLYING CONDITION lost.	ny, giving but 10, 01 DUE 10, 01 (c)	AS A CONSEQUENCE OF:		
O OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION [19B. COND	1 (A).	20A. AUTOPSY? (Yes or No	208. IF YES WERE	FINDINGS CONSIDERED
WAS PERFO	DRMED	NO	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e. home, form, foctory, street etc.)	g, in or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimor	e City, give exact location)
21D-TIME (Month) (Doy) (Yeor) OF INJURY (APPROXI	(Hour) 21E INJURY OCCURRED While At Work At W	While 21F. HOW DID INJU	URY OCCUR?	
22. I certify that (1) (this hospital) that (1) (we) last saw the deceased			9 to 02/	10/72 19
		19and the	ot in (my) (our) opli	nion death accurred an the date
and hour and fram the causes state	d above. (I) (We) (did) (did no	t) view the bady after death.	-	
downy som &		Attending Med. Phys. Director	Shaff Phys.	February 10, 1972
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	OON LEE, M.D. DEG	ST AGNES HO	SPITAL	
44. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF		CATION (Cit	ly, town, or county) (State)
25A, DATE NCC'D BY HEALTH DEPT.	SA. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	10 miles	ADDRESS
'S 150-REV. 1/1/68	Co., W. J.	1) March Cavalu	anghit.	The The

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BIF	TH NO.)	MED	ICAL	. EX	AMINER'S	CEI	RTIFIC	CATE O	F DE.	ATI	REG. NO.		01001
1.	NAME OF DEC		Barbara	ı Lee	Chi	ldress		DATE OF DEATH	Known Estimated	Man 2		Day 11	Year 72	Haur M.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	VHERE PI	RONOU	NCED DEAD	- 11	DATE		Man	th	Day	Year	Haur '
	L NAME OF	(IF NO	T IN HOSPITA	LORINS	NOITUTIT	I, GIVE STREET		PRONOL	INCED DEAD	2	2	11	72	10:25 R
OR	INSTITUTION		land (Hosp:	ital		STATE	ESIDENCE (Wh	ere decea		ed. If institutions, COUNTY	n: residence	befare admission)
6.	SEX	7. RACE		18. AAA DE	IED 🕅	NEVER MARRIED	7 C.	Md .	TOWN			D. INSIDE C	ITY LIMITS?	701
fe	male	Whit	:e	WIDOV		DIVORCED		Balt	to.				IFY	NO 🗆
9. [DATE OF BIRTI	1	10.AGE (In	years	'If Unde	r 1 Yr. If Under 24 H	rs. E.	STREET A	ND NUMBER				E3 == r	140 🗀
Jı	ine 7, 3	1940	last birthda		Manths	Days Hours M	in.	3:	15 W. Fr	ankli	n S	+ .		
11.	BIRTHPLACE (S	tate ar fareig				ZEN OF	13.	FATHER'						
]	Baltimon	re, Mai	ryland		WH	AT COUNTRY?		(unknov	(n)	Bos	ley		
14A	USUAL OCCU	PATION (Give	e kind of work	14B. KIND	OF BU	SINESS OR INDUS	TRY 15.	MOTHER	S MAIDEN N					
o di	Bar Mai		en irrenred)	T	aver	an	D	oris	(127	know	m)			
	WAS DECEAS			FORCE!	? 17	SOCIAL SECURITY NO.		INFORM			/	A	DDRESS	
1.0	No	(11 yes, give v		01 3614100	, l	19-36-033	7 M	alcol	Lm Child	ress	31	5 W. F	rankl.	in St.
	19.	34				CAUSE OF D	EATH							PPROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIREC	CTLY		Acu	ite a	alcoh	olic int	oxica	atio	n.		TELL STOCK AND DEATH
		LEADING TO	DEATH			(A)IMMEDIAT	E CAUS	E						
	heart failure,	at mean the asthenia, etc. plication which	. It means the	disease,					UEN CE OF:					
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		R CONDITION		CIVING		(8)	DR AS A	CONSEC	UENCE OF:					***********
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Z	UNDERLYIN	IG CONDITI	ON LAST.			(c)								
Ĕ	OTHER SIGN		II	SALTRIBLE	TINIC									
CERTIFICATION	TO THE DEA	IFICANT CON TH BUT NOT CONDITION	RELATED TO	THE TERM	INAL									
RTI						HCH OPERATION	WAS P	FREORM	FD	***************************************			21 AUTO	PSY? (Yes ar Na)
G	21			1011011	1 OK 111	IICH OF EXAMON	*****	ERI ORIN					21. AUTO	yes
¥	22A. EXTERI	VAL CAUSE	WAS		22B. PL A	CE OF INJURY(e.	a in a	r about 2:	2C. WHERE DI	O (If in Bo	ltimace	City give ex	net location)	J = 0
EDIC	UNDERLYING	OR CON	TRIB-		hame, fa	rm, factory, street, a	ffice bld	g., etc.) IN	JURY OCCUR	,,,,,,,		, city, give ex	act rocaliany	
Z			ay) (Year	·) (Hau	r) 22E.	INJURY OCCURRE	D	2:	2F. HOW DID	NJURY	OCCU	R?		
	OF INJURY (APPROX.)					LE AT N	OT WHI	LE						
	23.				m. WOF	(K L) A	T WORK							
	I cert	fy that I h	eld on l	nquiry [_ li	nspectian 🗌	Autops	y XX	ond that on	this ba	sis, d	eoth In my	opinion	
	result	ed from: N	oturol cou	ses X	Acci	ident Sui	cide [] Ho	micide 🗌	Undet	ermin	ed monner		
		(1			111			HIEF MEDICA	LEXAMI	NER			
	ACTUAL SIGNATI	IRF	Sly	M	1	Me	A D	ASSIS	TANT MEDICA	LEXAMIN	VER	XX		DATE SIGNED
		ER'S Pete	r Link	Ovic	MD	-	9.	ASSO	CIATE MEDICA	LEXAMIN	VER [2/	/12/72
24	NAME (T		48. DATE	-VIC,		NAME of CEMETER	RY or C	REMATO	BA [34	D. LOCAT	TION	(City town	n, ar caunty) (State)
	MOVAL (Specif		-			The or Committee	51		24	. LOCA		(City, Idw	n, ar caunty	, (sidle)
25	burial		eb.15	19		eadowridg	e Me				ey	Maryla	nd	
25,	A. DATE REC'D	2072	The same	25B	AME O	STRAR			UNERAL DIREC				DDRESS	
	LEDIA	1015	6.00	13		0 0 0	0	Dip	pel Bro	's I	nc.	7110	Belair	r Rd.
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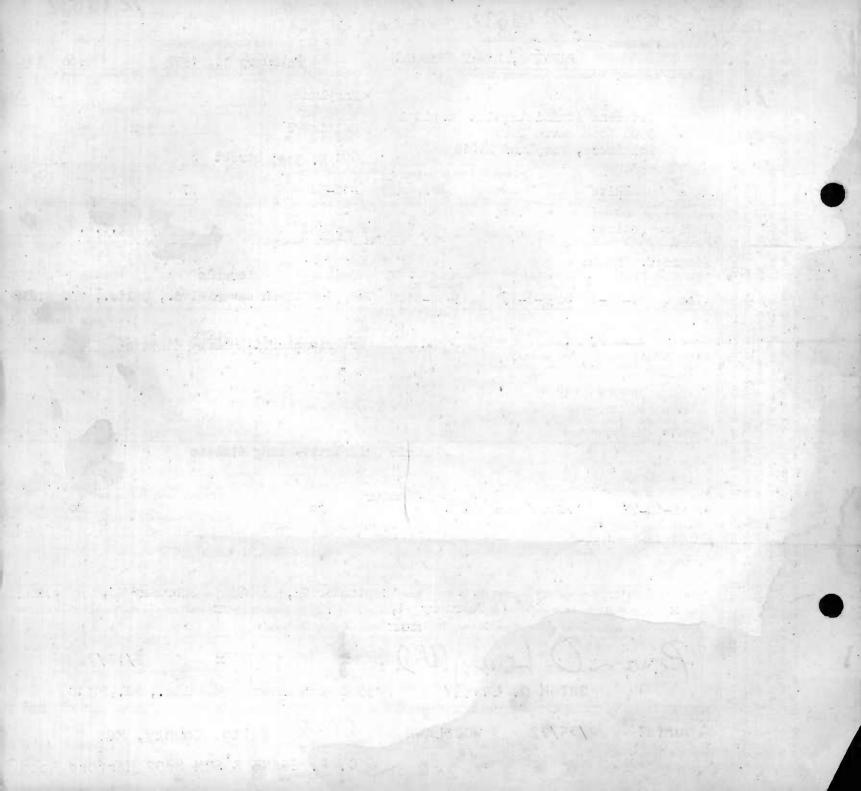
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attendance on the

7-552 72 01632 CERTIF	RE CITY HEALTH DEPARTMENT	REG. NO.	R 01632
Type or Print) FANNING, HARRY WEYMOU	TONT	AND HOUR OF DEATH	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	p 002	uary 11, 1972	9:40 A
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	A. STATE B. Co	YINUC	904
ADDRESS OR LOCATION) NSTITUTION Veterans Administration Hospita	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
3900 Loch Raven Blvd	Baltimore E. STREET AND NUMBE	R	YES NO
Baltimore, Maryland 21218	601 E. 31st	Street	
SEX 6. RACE 7. MARRIED NEVER MARRI		9. AGE (In years	If Under 1 Yr. , If Under 24 H
Male White WIDOWED X DIVORC	ED 9-18-94	lost birthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN one during most of working life, even if refired)	DUSTRY 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNT
Auditor retired	Maryland		U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
Edward T. Fanning	Bessy Smick		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service) SECURITY NO	17. INFORMANT	Records	ADDRESS
Yes 7-25-17 to 5-3-19 213-34-51	1	h Raven Blvd.	, Balto., Md. 212
18. 4 / CAUSE OF	DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		heart	
LEADING TO DEATH	MATE CAUSE Arterioscler	otic wholet di	sease
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	, OR AS A CONSEQUENCE OF:		
injury or complication which caused death.)			
ANTECEDENT CAUSES	,		
DISEASES OR CONDITIONS, if any, giving DUE TO	O, OR AS A CONSEQUENCE OF:		
rise to the above cause (A) sloting the	,		
UNDERLYING CONDITION last. (C)			
_ II Chror	nic Obstructive lu	ng disease	30
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		******	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED TOMOTOMENT	N 20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
2-10-72 Joint dislocation	No		No
OR CONTRIBUTING CAUSE OF	RY (e.g., in ar obout 21C. WHERE DI street, affice bldg., INJURY OCCUI	(If in Baltime	are City, give exact location)
DEATH (notify medical examiner)	,		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
	Not While	4	
Work .	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER		
22. I certify that (数) (this haspital) attended the deceased fro			
that M) (we) last saw the deceased alive on February	11, 19.72 and	that in (AGY) (our) or	oinion death occurred on the
and hour and from the causes stated above. (A) (We) (did) (20)			
23A TISNATURE			23 B. DATE SIGNED
1 Ran (1) 1 prin (1)	Attending Med.	Staff (
Jan - Lowy More	Phys. Director L	Staff Phys.	2/11/72
23 d. PHYSICIAN'S NAME (Type)	23D. ADDRESS	D3 D-3-1	353 04040
BRIAN O. LOWERY	3900 Loch Ray	en Blvd Balto	o., Md. 21218
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER		LOCATION (City, town, or county) (State
burial 2/15/72 WOODLAWN		D-14- 0	
DUTIAL 2/15//2 WOODLAWN 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIREC	Balto. Cour	ity, Md.
FFR 15 1972 Please Staben MA			
LEDTA DIE GOLDON POR LANGUAGE DE LA CONTRACTION DELA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE	O F. EMA	NS & SON 88	302 Harford Pos

EMANS & SON 8802 Harford Road



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Man (1) when	3, 1	PLACE IN BALTIMORE, MARYL
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ar ar de.		BALTIMOR
mad	5. S	EX 6. RACE
determin in regul deceased ion is ma		ALE CAUCAS
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Undet us in e dec	-	PRODUCT CLERK
Under	13.	FATHER'S NAME
direct d; (4) Units ath was on the I dispos		THOMAS CURTIN
dire	15.1	Was Deceased Ever in U. S. Ar Line or unknown) (If yes, give we
kin dea	(Tes	
if the direct or contributing ny kind; (4) Undetermined cau- ed death was in regular att- dance on the deceased prior or final disposition is made.		YES KOREA
		DISEASE OR CONDIT
Also, in of an incounce attend	-	LEADING TO
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46 5 4° 5	0	OR CONTRIBUTING CAUSE
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4 3 3 4	MEDI	21D. TIME (Month) (Day) OF INJURY
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the horizont and and (6 obtains		22. I certify that (1) (this i
4 50		thotXIX(we) last sow the
pital pital eath)		and hour and from the cour
spi		23A. SIGNATURE
leas hos o d		12
was released to An accident of A. at a hospital prior to death); pproval must be		23C. PHYSICIAN'S
An An at prio		NAME (Type)
A D. A d pr	24/	A. BURIAL CREMATION, 248.
ws: (1 D.O.		REMOVAL (Specify)
		Burial 2-
ho ho	231	FFB15 1972
- 4 7 0 7	VS	150-REV. 1/1/68
	4.3	100-16-11 17 17 00

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POTE NO	620		CERTIFICA	TE OF DEATH	REG. NO.	2 01633
NAME (OF DECENSED			2. DATE A	ND HOUR DE DEATH	
ype or P	1.7A	. ALVII	N COLE IN	FEBR	RUARY 11 1	1972 12:30 A.A
PLACE	IN BALTIMORE, MARYLAND, W			A STATE RESIDENCE IN	ere deceased lived. Il in	stitution; residence before admission
ULL NA	ME OF (IF NOT IN HDSPIT L OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	- ON	3 21229
HA	ST AGNES HOS	-	VENUES	BALTIMORE E. STREET AND NUMBER	D. 1143	YES NO NO
10			ND 21229	658 QUEENS	GATE ROAD	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
MALE	CAUCASIAN	WIDOWED		05/26/32	39	
	AL OCCUPATION (Give kind of world most of working life, even if refired)	108 KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTE
	DOUCT CLERK	1		MARYLAND		U.S.A.
FATHE	R'S NAME			14 MOTHER'S MAIDEN N.	AME	
THO	DMAS CURTIN			EVELYN WAL	TERS	
Wes D	Decoused Ever in U. S. Armed For unknown) lif yes, give war or date	rces?	1 & SOCIAL SECURITY NO.	117 THICORAL AND	LTO MD 212	229 ADDRESS
YE S			218-28-999			ON & WILKENS A
18.	7 7 A		CAUSE OF DEAT		CE CONDS CAT	APPROXIMATE INTERVAL BETWEEN DISET AND DEA
DIZEN				A CONSEQUENCE OF		
rise UNDI	ASES OR CONDITIONS, If to the above cause (A) ERLYING CONDITION last.	stating the		a consequence of:	2-210	
OTHER TO TH	to the above cause (A) ERLYING CONDITION last. II R SIGNIFICANT CONDITIONS CO HE DEATH BUT NOT RELATED TO T USE OR CONDITION GIVEN IN PAIR	stating the ONTRIBUTING THE TERMINAL RT 1 (A).	(c) B)	one hone viiii		FÍNDINGS CONSIDERED
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OTHER TO THE TO	to the above cause (A) ERLYING CONDITION Idet. II R SIGNIFICANT CONDITIONS CO HE DEATH BUT NOT RELATED TO T USE OF CONDITION GIVEN IN PARTY OF OPERATION 1998. CON WAS PER ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examined) FIME (Month) (Doy) (Year) AURY ROX.)	ONTRIBUTING THE TERMINAL RT 1 (A). FORMED 21E hon etc. (Houd) 21E	WHICH OPERATION LPLACE OF INJURY (e.g., ine, form, foctory, street, of the foctory) INJURY OCCURED Not While At Work	20A-AUTOPST? (Yes or YES n or obout 21C. WHERE DID fice bidg. INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING CA (If In Bollimon	re City, give exact location)
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OTHER IO THE IO	to the above cause (A) ERLYING CONDITION last. II RSIGNIFICANT CONDITIONS CO HE DEATH BUT NOT RELATED TO T SEE OR CONDITION GIVEN IN PAR DATE OF OFERATION 1982. CON WAS PER ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF HIME (Month) (Doy) (Year) JURY ROX.) certify that (Y) (this hospita (X) (we) last sow the decease	ONTRIBUTING THE TERMINAL RETT (A). ROTTON FOR FORMED 218 hom etc. (Hous) 218 Wh od alive on_	which operation Leplace of injury (e.g., ine, form, foctory, street, of the foctory) Lindy occurred Not Whith At Work The deceased from FE FEBRUARY 1 (We) (did) (AKA)	20A-AUTOPST? (Yes or YES n or obout 21C. WHERE DID lice bidg, INJURY OCCUR? 21F. HOW DID IF BRUARY 10 19 72 and riew the body after death	No) 20B, IF YES, WERE IN CERTIFYING CA (If In Bollimon NJURY OCCUR? 19 72 to FEE that In (A) (aur) opi	BRUARY 11 19 72 Infon death occurred on the death occurred occurred on the death occurred occurred on the death occurred occu
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FEBRUARY 11, 1077 12:50

FEBRUARY 11 72 LES WY.

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Carry of Gills, send Star-C-1

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-200 72 0163	41	Y HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 01634
(Type or Print) JOANNA	HICKS	2. DATE AN	D HOUR OF DEATH	19 b.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland		1803
INSTITUTION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
LNIV. OF MARYLOT	UD MOSP.	Baltimore E. STREET AND NUMBER		YES X NO
38			Chanast	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	105 S. Carey	9. AGE (In years	II linder 1 Vr. II Mader 24 Mar
HEMATE WILLTE WIDO	WED DIVORCED	7/21/92	lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, Kti	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	gn countyl	12. CITIZEN OF WHAT COUNTRY
Housewife		Maruland		II C A
13- FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAM	ME	U.S.A.
Peter Burns		Hanna	Whelan	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of ser	1 6. SOCIAL	17. INFORMANT	MILETAIL	ADDRESS
No	212-36-4058	Maco Anite Desil	1 - 2207 De	
18.	CAUSE OF DEAT	Mrs. Anita Trib	be, 2287 Da	niels Rd. 21043
DISEASE OR CONDITION DIRECTLY		Cardiac	0440-1-	BETWEEN PHISET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL		acres	2/
(This does not mean the mode of dying, heart failure, osthenio, etc. 11 means the dis	0.0	A CONSEQUENCE OF:		
injury or complication which caused deoth.)	DACE	huse inta	tio	- /
ANTECEDENT CAUSES	(B) (OS)		21004	
DISEASES OR CONDITIONS, if ony, is to the above cause (A) slating	iving DUE TO, OR AS	A CONSEQUENCE OF:		*******************************
UNDERLYING CONDITION lost.	(c)	*****************************		
z II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM ODISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	(20 A. AUTOPSY? (Yes or No.	208. IF YES WEDE	FINDINGS CONSIDERS
19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.)	IN CERTIFYING CA	USES OF DEATH?
OP CONTRIBUTING CALLES OF	218. PLACE OF INJURY (e.g., in home, farm, factory, street, of	or obout 21 C. WHERE DID	(It in Battimar	e Cily, give exact tacation)
S DEATH (notify medical examined)	etc.)	ince programation occurs		
21D-TIME (Month) (Day) (Year) (Houd)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work Not While At Work	1 / 43	pm	, 015 pm
22. I certify that (1) (this haspital) attend		110/12/01	0 10 3	10/2/10
that (1) (we) last saw the deceased alive			et in (my) (our) only	nian death occurred on the date
ond hour and from the couses stated about			in (my) (our) opri	man death occurred on the date
23A. SIGNATURE	1	Jones deoms		23B, DATE SIGNED
Mindolph W. Korts		nding Med.	Staff Phys.	2/10/20
23C-PHYSICIAN'S NAME (Type)	GCORCE	3D. ADDRESS	173.	12/1
KOSTER		UNIV. 0	= mp t	2851
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Cit	y, town, or county) (Stote)
	Lorraine Park Ce		dlawn, Mary	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FEB10 1972 Jahren L. Va	May Mil. 17 17		oard, 4107 V	Wilkens Ave. 21229
S 150-REV. 1/1/68				

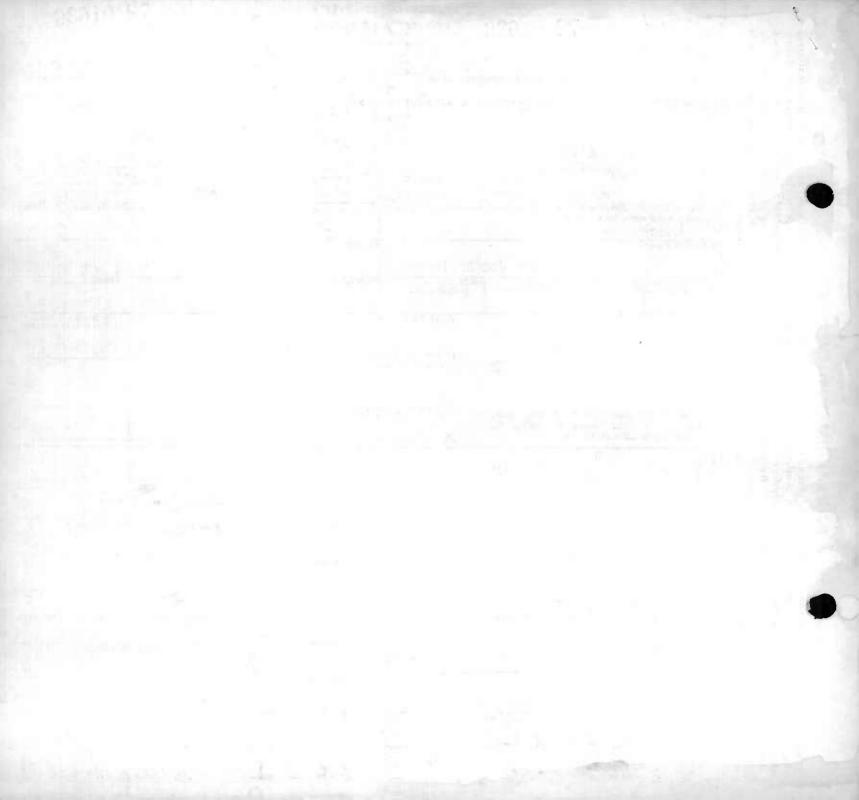
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	72 U1635 BALTIMORE CITY HEALTH DEPARTMENT 72 U1635	
uch	BIRTH NO. CERTIFICATE OF DEATH REG. NO	
. Su	1. NAME OF DECEASED (Type of Print) GORDEN W. CARR 2. DATE AND HOUR OF DEATH 2 9 72 1:30	^
	4. USUAL RESIDENCE Where deceased lived. If institutions residence before the	PM
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET OR INSTITUTION A. STATE B. COUNTY M. BALTIMOR E C. CITY OR TOWN D. INSIDE CITY LIMITS?	51
	UNIVERSITY YOSPITAL ESTREET AND NUMBER	
	5. SEX 6. RACE 7. MARRIED WILLIAM 3903 COLCHESTER RD.	
	MARKIED NEVER MARKIED 9-23-03 19 AGE (In years 16 Under 1 Yr. 16 Under 24 Hours Months Doys Hours Months Doys Months Doys Months Doys Months Doys Hours Months Doys Months D	
	done during most of working life, even if relired) Retired Operator Balto. Transit Co. MACHIER'S NAME 13. FATHER'S NAME	NTRY
	13. FATHER'S NAME	
	Grace Alice Clark	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	No 213-10-2607 Mrs. Laura C. Carr, 3903 Colchester Rd. 2	122
	18. 5 9 9 OI CAUSE OF DEATH	VAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH)EATH
	This does not mean the mode of dying e.g. (A) IMMEDIATE CAUSE WILL C. SEPTICE MICE. 4 COUS	
	heart laiture, asthenia, etc. It means the disease, injury ar complication which caused death.)	
l	ANTECEDENT CAUSES	
l	DISEASES OR CONDITIONS, il any, giving DUE 10, OR AS A CONSEQUENCE OF:	10004
ĺ	INDER YING CONDITION I	
l	(c)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FRAMMAL OLISEASE OR CONDITION GIVEN IN PART 1 (A)	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF INJURY 16.05 in or about 21.6. WHERE DID (If In Boltimore City, give exact location)	
	21D. TIME (Month! (Doy) (Yeol) (Houl) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work	
	22. I certify that (I) (this hospital) attended the deceased from 2/6 19/2 to 2/9 19/2	7
	that (i) (we) last saw the deceased alive on 29 19 72 and that In (my) (our) opinion death occurred on the	
	and hour and from the causes stated above. (1) (We) (did) (did not) view the hady after death	0016
	23A. SIGNATURE 23B. DATE SIGNED	
	Attending Med. Stoff Phys. Sto	
	NAME (Type)	
	MARK H. KASOWITZ MD DEGREE UNIV. HOSPITAL	
-	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote	ol
100	Burial 2-14-1972 Gardens of Faith Cemetery Baltimore, Maryland	
	FEB 13 1972 Walley K. O. Howard H. Hubbard, 4107 Wilkens Ave. 212	 229
	\$ 150-REV, 1/1/68	

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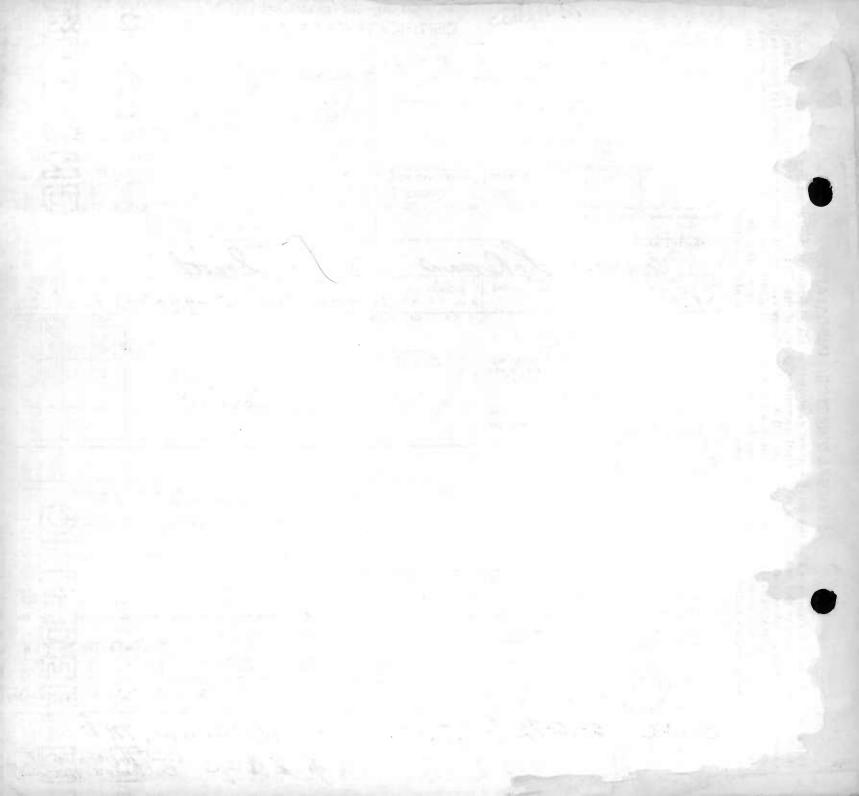
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17-54 BIRTH NO.	72	01636	CERTIFIC	ATE OF DEATH	REG. N	0	2 01636
1. NAME OF D (Type or Print)	Ha miel	But	ka	2/	AND HOUR OF D	EATH 1972	1.50
3. PLACE IN B	ALTIMORE, MARYLAND, V	WHERE PRONOUN	CED DEAD	14 USUAL RESIDENCE (W	here deceased live	d. If institution	residence before adm
FULL NAME C	F (IF NOT IN HOSPIT	TAL OR INSTITUT	ON. GIVE STREET	ASTATE B. CO	Sals	imou	120
HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOC	ATIONI		C. CITY OR TOWN	0	. INSIDE CIT	
4-4					nou	YES	NO 🗌
UNI	ON MON	ORIAL	KOSPITAL	E. STREET AND NUMBER		T Sa	No Hel 21
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In year	s II Un	der 1 Yr. Il Under 2
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	sewife			Mufton	North Ca	rolina	men'cae
13. FATHER'S N	AME			14. MOTHER'S MAIDEN N	IAME //		
	llu lhou	run Jos	Arrington	le	when	7 Mary	H. Arringt
15. Wes Deceas	ed Ever in U.S. Armed For wn) (II yes, give war ar date	es of service)	& SOCIAL SECURITY NO.	17. INFORMANT	CHAR	7	ADDRESS
No				Prince Hamiel	- HH/C	/ Balt	o. Md.
18. 4	6 XI	!	CAUSE OF DE	ATH		24.0	APPROXIMATE INTE
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1/	11 100	20	4000	BALTIMORE CITY	HEALTH DEPARTMENT		70 6466
BIRTH	1-620	12)1637	CERTIFICA	TE OF DEATH	REG. NO	72 01637
1. NA	MEDOF DECEASING	1110				AND HOUR OF DEATH	
(Туре	or Print) PC	11y R. My	rers			10/72	1 2.20
3. PL	ACE IN BALTIMORI	MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived, If in	stitution: residence before admission)
FULL	NAME OF (II	NOT IN HOSPITA	AL OR INSTITUT	TION CIVE STREET	Maryland	UNII	1607
HOSP	ITAL OR A	DDRESS OR LOCA	TION)	TION, GIVE STREET	C. CITY OR TOWN	D INS	IDE CITY LIMITS?
					Baltimore		YES NO
	39				E. STREET AND NUMBER		
		vident Ho	spital,	inc.	3017 Lyttlet	on Rd.	
5. SEX			7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		groe	WIDOWED 2		2/23/96	/5	None Service S
done d	SUAL OCCUPATION Uring most of working	N (Give kind of work ife, even if settred)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
3	Douse - 4	wile,			Virginia		U.S.A.
13. FA	THER'S NAME	1	1	0	14. MOTHER'S MAIDEN N	IAME	U.U.A.
	X	hn	-tar	L	2/1	En sulas	
15. Wa	s Deceased Sver in or unknown) (If yes,	U. S. Armed Ford	:05?	6. SOCIAL	17. INFORMANT	1000040	ADDRESS
(Yes, no	No.	, give wor or doles	s of service)	SECURITY NO.	0.1.	1214	1
18.		•		212-48-0975	alleyn.	Cluetek	goona
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	ANTEC	DENT CAUSES		Col.	h Itepali	c Melas	71818
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	NDEKEMING CON	DITION IGSE		(c)			
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E TO	THE DEATH BUT NEEDS OF CONDITION	OT RELATED TO TH	E TERMINAL	*************			
ERTIFICATION 61 10 10 10 10 10 10 10 10 10 10 10 10 10	A-DATE OF OPERA	TION 198 CONE	NITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE P	INDINGS CONSIDERED
	1	WAS PERF			No	IN CERTIFYING CAL	JSES OF DEATH?
U 21	A ACCIDENT WAS	UNDERLYING CAUSE OF	21B, P	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore	e City, give exoct location)
S DE	ATH Inotify medical	exomined	etc.)	total total, and o	ice olage into ok a occor.		
☐ 211	D. TIME (Month	(Doy) (Year)	(Hour) 21E, 1	NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
Z (A	PPROX.)		While Work	At Work			
22	I certify that (1)	(this bosnital)			January 19	19 72 to Febr	nary III
1 1.	at (1) (we) last so			February 10	70		
1 1						that in (my) (our) opli	nion death occurred an the date
23/	A. SIGNATURE	ne couses state	a abave. (1)	(me) (did) (did nat) v	ew the bady ofter deat	1.	
	~	-		[11 7 Atte	nding [] Med. []	Shelf [7]	238. DATE SIGNED
234	C. PHYSICIANS	u Co	000	DEGREE Phys	Director L	Staff Phys.	2/10/72
-0	NAME (Typel				3D. ADDRESS		-61
244 5		r. A. G. 1		DEGREE	Provident Hos	spital	
ZAA. B	URIAL CREMATION EMOVAL (Specify)	24B. DATE	24C. NAN	AE et CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (State)
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25A. D	ATE REC'D BY HEA	LTH DEPT.	258 NAME OF	REGISTRAR	25C FUNERAL DIRECT		ADDRESS
_6	ER15 107	Dogo	3.0	2 0 0	allega	sof felle	pt 17377 Moural 5
VS 150	-REV. 1/1/65	Company of	THE PERSON NAMED IN	74-70			

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4-255 72 016	320	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	008	CERTIFICA	TE OF DEATH	REG. NO	72 01638
T, NAME OF DECEASED Type or Print Mr. ROBERT	Lo	KEMAN	1	FEB 72	4 14.03 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE			4. USUAL RESIDENCE IWho	me deceased lived, II	institution: residence before admission
FULL NAME OF HE NOT IN HOSPITAL OF ADDRESS OR LOCATION INSTITUTION	RINSTITUTO	ON. GIVE STREET	A. STAYE B. COUL		ISIDE CITY LIMITS?
20 The Providen	1. N.	1016800		No ve	YES NO
39 110 1 1011001	N 24	222/24	3052 BY	ighten	St. MD. 21216
	ARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE IIn years lost birthday)	II Under 1 Yr. II Under 24 Hrs Months; Doys Hours Mine
	OWED	DIVORCED	03-31-47	24.	
IOA, USUAL OCCUPATION (Give kind of work IDB, & fone-diring most of working life, even if retired)	IND OF BL	ISINESS OR INDUSTRY	11. BIRTHPLACE State or fore	eign country)	12. CITIZEN OF WHAT COUNTR
Falurer			New Yo	ork.	
3. FATHER'S NAME	Ren	nan)	14 MOTHER'S MAIDEN NA	Smoth	,
5. Was Deceased Ever in U. S. Armed Forces? fee, no or unknown! [If yes, give war ar doles of s	16	SOCIAL	17. INFORMANT	Simus.	ADDRESS
No		SECURITY NO.	Jaan Sim	ions -44	103 Kathland Can
DISEASE OF CONDITION DIRECTL		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSEY AND DEAT
LEADING TO DEATH	¥		Levoibaro	instance F	ai hour
(This does not mean the mode of dying heart failure, asthenia, etc. it means the d	, e.g.,	DUE TO, OR AS A	CONSEQUENCE OF:	acticulary i	armore,
injury or complication which caused death	J				
ANTECEDENT CAUSES		(B) Tota	Y END	ventical	2 1
DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating	giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	g ine	(c) HY)	ertennia	· No	
- 11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	JTING	A	aimeon		SALE THAN LENGT
✓ IDISEASE OR CONDITION GIVEN IN PART 1 /AI		************************		V 000 15 No.	
19A DATE OF OPERATION 19B CONDITION WAS PERFORME	D W	ich Orekalion	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, i	ACE OF INJURY le.g., in form, foctory, street, off	or obout 21 C. WHERE DID	(il in Boltimo	ore City, give exact location)
21D-TIME (Month) (Doy) (Year) (Hou	21E IN	JURY OCCURRED	21f. HOW DID INJ	URY OCCUR?	
E (APPROX.)	While A	At Not White			
22. I certify that (1) (this hospital) atte	nded the	deceased from O	- 26 -	19 12 to (02-9-1972.
that (1) (ye) last saw the deceased off		09-9			Inton deoth occurred on the dot
and haur and from the causes stated ab		Ke) (did) (did not) vi			
23A. SIGNATURE	. 1 -		7 7 2011110		23B, DATE SIGNED
5. V	when	DEGREE Phys.	ding Med. Director	Staff Phys.	02-9-72
23C. PHYSICIAM'S NAME (Type)		DEGREE	D. ADDRESS	. 1 1	11 - 11 1 0 - 11
DR RUPAK C. P	VITE	2A MD	The 2 rov	some	Hasperal, Bal
Burial CREMATION, 24R DATE Burial (Specify) 2-12-72	Carl	e of CEMEYERY of CREP	iou V	ocation ic	City, town, or county) [State]
25A. DATE REC'D BY HEALTH DEPT. 25R. N	IAME OF R		25C. FUNERAL DIRECTOR	00:00	2217 YI JAPORESS ST
FEB10 1972 Valley & 4	albay!	KR O O	Congon S. C.	Kellyps F	Baltimore md-212
/S 150-REV. 1/1/68			0		



72 01639 BALTIMORE CITY HEALTH DEPARTMENT

w		0 0			
٨	MED	DICAL	EXAMINER'S	CERTIFICATE	OF DEATH.

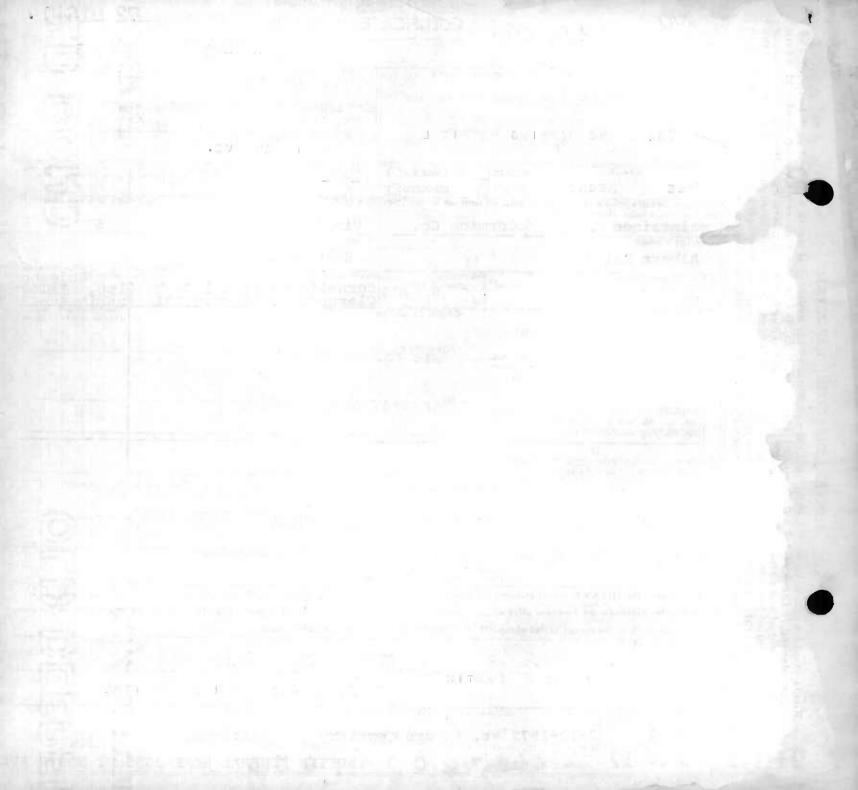
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 2 01639
1. NAME OF DECEASED H. Jr	2. DATE Known Month Doy Yeor Hour
(Type or Print) Joseph Clay	OF DEATH Estimoted 2 11 72
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 2 11 72 11:32 p _{M.} 5. USUAL RESIDENCE (Where deceased lived. If institution: residence belong admission)
Bon Secours Hospital	A. STATE Md. B. COUNTY /5/D
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male Negro WIDOWED Sep DIVORCED	Baltimore YES K NO [
9. DATE OF BIRTH May 15, 1919 10. AGE (In years lost birthdoy) 52 If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 2900 Chatham Road
North Carolina 12. CITIZEN OF WHATSQUNTRY?	Joseph H. Clay Sr.
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Truck Driver	Ezzie Adam
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
E 760 X	re of neck
LEADING TO DEATH	
(A)IMMEDIATE C	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	yes
VILIADEBLUIA CALIDID Ihome form toctory street offic	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR? Inside Club 600,
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 2-11-72 11:20 Pm. WHILE AT NOT AT W	WHILE Subject allegedly involved in alterca-
23. I certify that I held an Inquiry Inspection Au	topsy ond that on this basis, death in my opinion
resulted from: Natural causes Accident Suicid	e Homicide W Undetermined monner
	CHIEF MEDICAL EXAMINER
SIGNATURE SUMMUL M.D	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 2/12/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2-16-72 Arbutus Mem.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS 1727 N.
FEB 15 1972 (1866 & 1866 A. A.	arlingter S. Phillip Monroe Street

3-1-1972 - Completion of cause of death on a pending medical examiner death certificate

Peter Lipkovic, M.D.

HRS

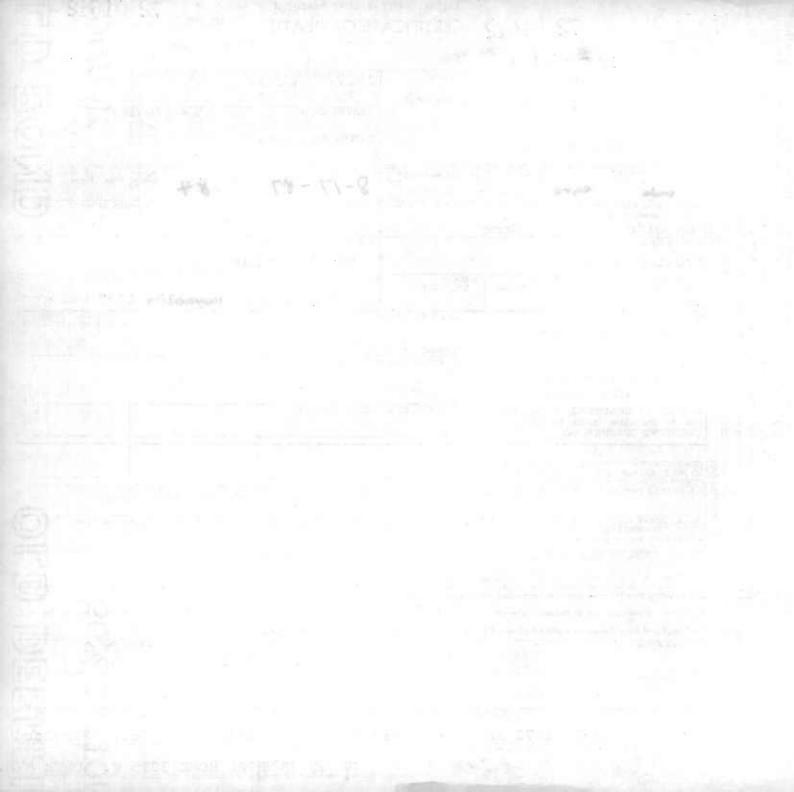
BALTIMORE CITY HEALTH DEPARTMENT					
V-200 BIRTH NO. 72 01640	CERTIFICA	TE OF DEATH REG. NO.	72 01640 ·		
Type or Print) WILLIAM PALO	SE	2. DATE AND HOUR OF DEATH	4:45 P M.		
FULL NAME OF OF NOT IN HOSPITAL OR IN	ONDUNCED BEAD	A STARYLAND COUNTY	stitution; residence before admission		
HOSPITAL OR ADDRESS OR LOCATIONI		C. CITY OR TOWN BALTIMORE	DE CITY LIMITS?		
33 THE JOHNS HOPKINS	HOSPITAL	2239 LINDEN AVE.			
S. SEX 6. RACE 7- MARI		8. DATE OF BIRTH 2-18-00 9. AGE (In years lost birthday) 71	If Under 1 Y. If Under 24 Hrs. Months Days Hours Min.		
no. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if refired) maintaince man McC	ormick Co.	Virginia	USA		
Albert Paige		14. MOTHER'S MAIDEN NAME Henrettia Druitt			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of serv NO	16 SOCIAL NO 220	Cornelia Overton 1520 Clarence L. Bingham 22	W. 61st. Ill.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. it means the distingury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) staling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINATION THE TERMINATION TO THE TERMINATION THE TERMINATION TO THE TERMINATION TO THE TERMINATION THE TERMINATION THE TERMINATION THE TERMINATION THE TERMINATION THE TERMI	ving the (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. BATE OF OPERATION 19R CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF BEATH?		
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or obout 21 G. WHERE DID (If In Baltimar Rice bldg., INJURY OCCUR?	e City, give exact lacation)		
DEATH Inotify medical examined DEATH Inotify medical examined DEATH Inotify medical examined OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work		u Zim		
22. I certify that (I) (this hospital) attends that (I)/(we) last saw the deceased alive and hour and from the couses stated about 23A-SIGNATURE 23C-PHYSICIAN'S NAME (Type) JA MESS F.	on 2 Some Attended the deceased from Some Attended to the decease from Some Attended to th	19 72 and that In (my) (our) oplication in the body ofter death. Inding Med. Shaff Phys. 23D. ADDRESS	2 - 8 19 22 nion deoth occurred on the dote 238. DATE SIGNED 2 - 8 - 72 SPITAL		
REMOVAL (Specify)	IC. NAME of CEMETERY of CR		ly, town, or county! (State)		
Burial 2-12-1972	Mt. Auburn Ce	25C. FUNERAL DIRECTOR	Maryland ADDRESS 3035 W. NORTH AVE		
V\$ 150-REV. 1/1/68		Hadrie Chubian House	JUJJ W. MOKIM AVE		



FUNERAL DIRECTOR: IMPORTANT

1) 1150	390		BALTIMORE CITY	HEALTH DEPARTMENT		72 01641	
0 -492	72 0:	1641	CERTIFICA	TE OF DEATH	REG. NO	THE OLLOWA	
NAME OF DECEAS	ED			2. DATE	IND HOUR OF DEATH	8	
Type or Printl	Moses on II	1011111	am a	Fo	L 12 195	2 1 10:00 Am	
L PLACE IN SALTIM	Dr. Norman H. Williams			14 USUAL RESIDENCE (W	nere deceased lived, If		
ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)			A. STATE B. COL	INTY	7 -7 7		
			MARYLAND				
			C, CITY OR TOWN	D. IN	ISIDE CITY LIMITS?		
BJOHNS HOPKINS HOSPITAL				12000 MA YES NO _			
				E. STREET AND NUMBER			
				5 Cross Ke		pt. 5	
SEX 6. R	RACE 7.	MARRIED A	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., It Under 24 Hrs. Months: Doys Hours Min.	
/Vale	// egro /	WIDOWED	DIVORCED [6-6-1903	68		
	TION (Give kind of work 10	B. KIND OF SU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY	
one during most of work	ing see, even a retreat	Ret.	A /-	Washington	D C	USA	
L FATHER'S NAME	col	Mec.		14. MOTHER'S MAIDEN N	D. C.	USA	
	T. WILLIAMS			ADDIE BR	UCE		
S. Was Decoused Eve es, no or unknown) life	er in U. S. Armed Forces yes, give war or dates o	of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
No			212-36-3507	Helen F Wi	lliams 5 C	ross Keys Rd.	
18. 22. / 2	1411	XX	CAUSE OF DEATH		· · · · · · · · · · · · · · · · · · ·	APPROXIMATE INTERVAL	
1 100	OR CONDITION DIREC	CTIV		sepsis	, .	BETWEEN ONSET AND DEATH	
	ADING TO DEATH	CILL	A-ABAMEDIATE CAL	me name	Animi	2 dark	
(This does not	mean the mode of dy	ying, e.g.,	(A) MMEDIATE CAU	A CONSEQUENCE OF:	75 75000	1	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				0.4		June 192/160	
ANTECEDENT CAUSES			+ Only C. L	14	11,1100 6 6		
- Carrier 12			(B) 20007/2	A CONSEQUENCE OF:	//	Meerca	
	CONDITIONS, if any		DUE TO, OR AS	A CONSEQUENCE OF:		00 110	
underlying condition last.			Y		a years		
OTHER SIGNIFICA	NT CONDITIONS CONT		1 600	Waldelow 100	allested he	teren July 19)	
IDISEASE OR CON	UT NOT RELATED TO THE DITION GIVEN IN PART I	(A).	acyronica	wedge NV	mune you	annonce !!	
	PERATION 198 CONDIT	TION FOR WHI	CH OPERATION	20A AUTOPSTY (Yes or	No. 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
19A-DATE OF OP	WAS PERIO	MALED		Jes	- mo		
OR CONTRIBUTION	WAS UNDERLYING	218. PL	ACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If th Boltim	ore City, give exoct location)	
DEATH (notify me	dical examined	etc.)	ming rociony, success or				
D 21 D. TIME (M	lonth) (Doy) (Year) ((Hous) 21E IN	JURY OCCURRED	216 HOW DID I	NJURY OCCUR?		
OF INJURY		White	At C Not While	• 🖂			
(APPROX)		Work	At Work				
		22. 1 certify that (1) (this hospital) attended the deceased from Feb 1 19 22 to Feb 13 19 22					
22. I certify the	it (1) (this hospital) a	attended the	deceored from				
1	at (1) (this hospital) a		Felo 13	19 2 2 and		pinion death occurred on the dot	
that (1) (we) 101	st sow the deceased	olive on	Fele 13		that In(my) (our) o	pinion death occurred on the dot	
that (1) (we) los	st sow the deceased	olive on	Felo 13 We) (did) (did not) v	view the body ofter deot	that In(my) (our) o	pinion death occurred on the dot	
that (1) (we) 101	st sow the deceased	olive on	Fele 13 We) (did) (did not) v	New the body ofter deat	that In(my) (our) o		
that (1) (we) los and hour and fr 23A. SIGNATURE	om the couses stored	olive on	Fels 13 We) (did) (did not) v MD DEGREE Phy	ending Med.	that In(my) (our) o		
that (1) (we) los and hour and fro	om the couses stored	olive on	Fels 13 We) (did) (did not) v MD DEGREE Phy	New the body ofter deat	that In(my) (our) o		
that (1) (we) los and hour and fr 23A. SIGNATURE	om the couses stored	olive on	Felo 13 We) (did) (did not) v MD DEGREE Phy	ending Med.	that In(my) (our) o		
that (1) (we) los and hour and from 23A. SIGNATURE 23C. PHTSICIAN'S NAME ITypel	on the couses stored No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No. No.	olive on d obove. (1) (1) isk //	Fels 13 We) (did) (did not) v MD DEGREE Phy	ending Med. Director 23D. ADDRESS 6022 Eac	short In (my) (our) on one of the Phys. The Practical Control of the		
that (I) (we) los and hour and from 23A. SIGNATURE 23C. PHTSICIANS NAME ITYPE 24A. BURIAL CREMA REMOVAL ISPEC	om the couses stored N. W. K. TION, 248. DATE City)	olive on d obove. (1) (1) R 24C. NAM	We) (did) (did nat) v Me) (did) (did nat) v Me) Degree Phy Degree Phy Degree Control of CRI	anding Med. Director D 23D. ADDRESS 6022 Each	shoff D Phys. D LOCATION	238 DATE SIGNED Felo, 13, 1922 St. Balt.Md City, town, or county) (State)	
and hour ond from the control of the	om the couses stored N. W. K. TION, 248. DATE 2-17-7:	olive ond obove. (1) (1) R 24C.NAM 2 Pine	We) (did) (did not) w MD DEGREE Phy DEGREE E of CEMETERY or CRI Lawn Cem	etery A	that In(my) (out) on one one one one one one one one one	238, DATE SIGNED Felo, 13, 902 St. Bult.Md City, town, or county) Maryland	
that (I) (we) los and hour and from 23A. SIGNATURE 23C. PHTSICIANS NAME ITYPE 24A. BURIAL CREMA REMOVAL ISPEC	om the couses stoted W. K. TION, 24B, DATE 2-17-7: HEALTH DEFT. 2:	olive on d obove. (1) (1) R 24C. NAM	We) (did) (did not) w MD DEGREE Phy DEGREE E of CEMETERY or CRI Lawn Cem	etery A policy of the decidence of the	that In(my) (our) on one Shoff Phys. LOCATION (our) on napolis OR	238 DATE SIGNED Felo, 13, 19) 2 St. Bult.Mul City, town, or county) Maryland ADDRESS	
that (I) (we) los and hour and from 23A. SIGNATURE 23C. PHTSICIANS NAME ITYPE A. BURIAL CREMA REMOVAL ISPEC BUTIAL	om the couses stored N. W. K. TION, 248. DATE 2-17-7:	olive ond obove. (1) (1) R 24C.NAM 2 Pine	We) (did) (did not) w MD DEGREE Phy DEGREE E of CEMETERY or CRI Lawn Cem	etery A policy of the decidence of the	shoff () Shoff () The Phys. () LOCATION () nnapolis OR	Feb. 13. 922 St. Balt.Md City, town, or county) (State) Maryland	

51 TO 1642 CERTIFICA	HEALTH DEPARTMENT 72 01642					
	TE OF DEATH REG. NO.					
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
Addie Reynolds	teb. 9 721 1/2 10 mm					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived. Il institution: residence before admission A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
29 Provident Hosp	E STREET AND NUMBER OF					
3/1000	1802 Walbrook Que					
5. SEX G. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. 11 Under 24 Hrs. Months! Days Hours Min.					
10A, USUAL OCCUPATION (Give bind of work 10B, KIND OF BUSINESS OR INDUSTRY	13 PIRTURI ACCUMENT CONTRACTOR CO					
done during most of working life, even if refired)						
Housewife Home	N. Carolina USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Preston Manley	Minnie Cephas					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give was as doles as service) SECURITY NO.	17. INFORMANT ADDRESS					
No	Mr. Spurgeon L. Reynolds 1802 Walbrook					
DISEASE OR CONDITION DIRECTLY	Route Myo cardial Infaction					
LEADING TO DEATH						
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. it means the disease,	A CONSEQUENCE OF:					
injury or complication which coused death.)	wooder to cardiovascular Reart De					
ANTECEDENT CAUSES (8)						
ise to the above couse (A) stating the	A CONSEQUENCE OF:					
UNDERLYING CONDITION lost, (C)						
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).						
19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	TANK THE PROPERTY OF THE PROPE					
WAS PERFORMED	20A AUTOPSYS (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
WAS PERFORMED	n or about 21 G. WHERE DID If It Beltimere City, give exect location					
OR CONTRIBUTING CAUSE OF home, form, factory, street, or	n or about 21 G. WHERE DID If It Beltimere City, give exect location					
OR CONTRIBUTING CAUSE OF home, farm, factory, street, a etc.) DEATH (notify medical examines)	n or about 21C. WHERE DID (If in Beltimere City, give exect location) 21F. HOW DID INJURY OCCUR?					
OR CONTRIBUTING CAUSE OF home, form, factory, street, a plant (notify medical examinen) O 210-TIME (Month) (Day) (Year) 1Hand 21E INJURY OCCURED	n or about 21C. WHERE DID (If in Beltimere City, give exect location) 21F. HOW DID INJURY OCCUR?					
OR CONTRIBUTING CAUSE OF home, form, factory, street, a clearly medical examines home, form, factory, street, a clear cl	n or about 21C. WHERE DID (If in Beltimere City, give exect location) 21F. HOW DID INJURY OCCUR?					
OR CONTRIBUTING CAUSE OF home, farm, factory, street, a cless of DEATH (notify medical examinent) 21D. TIME (Month) (Day) (Year) 1Haur) 21E. INJURY OCCURED While At Not While At Work 22. I certify that (1) (his hospital) attended the deceased from that (1) (we) ast sow the deceased alive on	IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID It in Beltimere City, give exect location) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 12 10 19 12 10 19 12 19 12 19 12 19 12 19 12 19 12 19 12 19 12 19 12 19 12 19 12 19 12 19 19 12					
OR CONTRIBUTING CAUSE OF blome, farm, factory, street, a cless of DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Haus) 21E INJURY OCCURRED While At Not While At Work 22, I certify that (1) (Mis hospital) attended the deceased from that (1) (we) ast sow the deceased alive on ond hour and from the causes stated abave. (1) (We) (did) (did not) we	IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID Sice bidg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 and that In(my) (our) opinion death occurred on the dote riew the body after death.					
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) [Haus) 21E INJURY OCCURRED OF INJURY (APPROX.) (APPROX.) 22. I certify that (1) (bis hospital) attended the deceased from that (1) (we) ast sow the deceased alive on ond hour and from the causes stated above. (1) (We) (did) (did not) was a signature 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID Sice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 and that In(my) (our) opinion death occurred on the dote riew the body after death.					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 210. TIME (Month) (Day) (Year) [Haus) 21E INJURY OCCURRED While At Not While At Work 22. I certify that (1) (his hospital) attended the deceased from that (1) (we) ast sow the deceased alive on ond hour and from the causes stated above. (1) (We) (did) (did not) was signature. 23A. SIGNATURE 23A. SIGNATURE 24A. BURIAL CREMATION, 124B. DATE 24C, NAME of CEMETERY of CR	IN CERTIFYING CAUSES OF DEATH? In or about 21G. WHERE DID Sice bidg., INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 19 72 to 19 72 19 72 and that in(my) (our) opinion death occurred on the dote view the body after death. 23R. DATE SIGNED The diagram of the dote of					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 210-TIME (Month) (Day) (Year) [Haus) 21E INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (1) (his hospital) attended the deceased from that (1) (we) ast sow the deceased alive on ond hour and from the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (3) (We) (did) (did not) was a signature of the causes stated abave. (4) (We) (did) (did not) was a signature of the causes stated abave. (5) (We) (did) (did not) was a signature of the causes stated abave. (6) (We) (did) (did not) was a signature of the causes stated abave. (7) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did) (did not) wa	IN CERTIFYING CAUSES OF DEATH? In or about 21G. WHERE DID Sice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 12 10 19 12 19 12 and that In(my) (bur) opinion death occurred on the dote riew the body after death. 23R. DATE SIGNED 23D. ADDRESS 24D. LOCATION (City/bown, or county) (State)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 210-TIME (Month) (Day) (Year) [Haus) 21E INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (1) (his hospital) attended the deceased from that (1) (we) ast sow the deceased alive on ond hour and from the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (2) (We) (did) (did not) was a signature of the causes stated abave. (3) (We) (did) (did not) was a signature of the causes stated abave. (4) (We) (did) (did not) was a signature of the causes stated abave. (5) (We) (did) (did not) was a signature of the causes stated abave. (6) (We) (did) (did not) was a signature of the causes stated abave. (7) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did not) was a signature of the causes stated abave. (1) (We) (did) (did) (did not) wa	IN CERTIFYING CAUSES OF DEATH? In or about 21G. WHERE DID Sice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 12 19 19 19 19 19 19 19 19 19 19 19 19 19					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 210. TIME (Month) (Day) (Year) [Haus) 21E INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (1) (his hospital) attended the deceased from that (1) (we) ast sow the deceased alive on ond hour and from the causes stated abave. (1) (We) (did) (did not) was a signature 23A. SIGNATURE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR REMOVAL (Specify) Burial 2-14-1972 Arbutus Memor	IN CERTIFYING CAUSES OF DEATH? In or about 21G. WHERE DID Sice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 12 19 19 19 19 19 19 19 19 19 19 19 19 19					



77	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 04040		
	1643 CERTIFICA		REG. NO	72 01643		
1. NAME OF DECEASED Type of Prin Edna Parker Ross			ND HOUR OF DEATH			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONORNICED DEAD	I CUL U	ary 11, 1	institution; residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR I	A. STATE B. COUR	TY	institution; residence before admission)			
HOSPITAL OR ADDRESS OR LOCATIONI	C.CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS? YES K NO NO			
00 ²⁵²¹ Huron Street		e. STREET AND NUMBER 2521 Huron	Stroot			
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , If Under 24 Hrs.		
Female Negro woo	WED X DIVORCED	11-15-1894	lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
IOA USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
Housewife Ho	ome	Maryland		USA		
13 FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
Charles T. Parker		Carrie Mur	dock			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give wor or dotes of sen		17. INFORMANT		ADDRESS		
No	217-12-3980 CAUSE OF DEAT	Mrs. Charlot	te R. John	son 2521 Huron S		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the distiniury or complication which caused death.) ANTECEDENT CAUSES	Recurrent Cere ACONSEQUENCE OF: 1 Arterioscleros		oosis 3 months Undetermined			
DISEASES OR CONDITIONS, if any, gi	(8)	A CONSEQUENCE OF:		ondecenimed		
rise to the above cause (A) stating UNDERLYING CONDITION last,	the (c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION I WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINOINGS CONSIDERED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	21B PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltima	re City, give exact lacation)		
21D.TIME (Month) (Doy) (Yearl (Hour) OF INJURY (APPROX.)	OF INJURY			21F. HOW DID INJURY OCCUR?		
22. I certify that (I) (this boented) attend		1	in Fahr	112ry 8 72		
22. I certify that (i) (this hospital) attended the deceased from 12-19-71 19 to February 8, 1972 that (i) (we) last saw the deceased alive on February 8, 1972 and that in (my) (aur) apinion death accurred on the date						
and hour and from the causes stated abave. (1) (We) (dtd) (did not) view the bady after death.						
23A. SIGNATURE				23 B. DATE SIGNED		
Robert D. Small	DEGREE Phys		Staff Phys.	2/14/22		
23C. PHYSICIAN'S NAME (Type) Polland III Cmark		23D. ADDRESS				
Roland T. Smoot	M. D BEGREE	2300 Garris		Balto., Md. 21216		
REMOVAL (Specily)		24D. EC	JUNION (C	ity, tawn, or county) (State)		
Burial 2-15-72 F	Baltimore Nati	onal Cem B d	timore	Maryland		
FEB 15 1972 QL 2 VA	h, 20200		RAL HOME	3035 W. NORTH AVE		

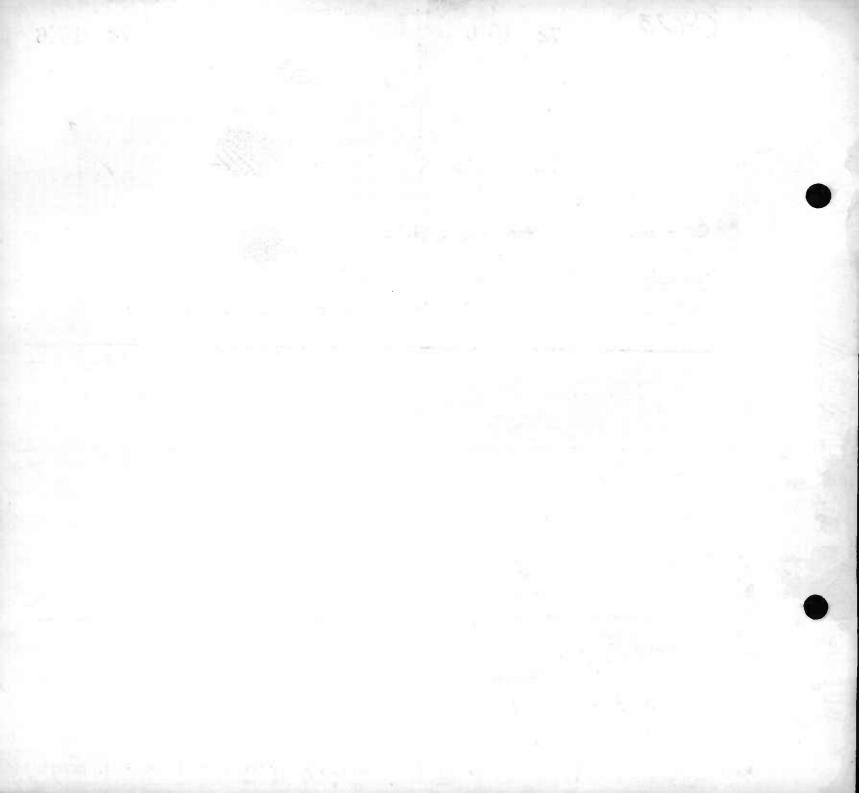
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1 101 BALTIMORE CITY	HEALTH DEPARTMENT		
7-436 72 01644 CERTIFICA	TE OF DEATH REG. NO. 72 01644		
INAME OF DECEASED	2 DATE AND HOUR OF DEATH		
Type or Printl Felder ELaise	Feb. 14 72 1 630 am.		
R. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where decoased lived, 41 institution: residence before admission. A. STATE B. COUNTY		
ULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CCITY OR TOWN 4. Baltimore 15/3		
NSTITUTION LA HOME	C. CITY OR TOWN Baltimore D. INSIDE CITY UMITS? YES NO		
39 Provident Hosps	E. STREET AND NUMBER		
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ys. II Under 24 Hrs.		
Female Negro WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday) 15 -30-1914 19. AGE (in years lost birthday) 19. A		
OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refined)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Domestic Pvt. Family	S. Carolina USA		
3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Willie Jones	Ann Boyd		
S. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) Uf yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
	Mrs. Mae McMurrin 4118 Reistertown Rd.		
18. 4 10 9 CAUSE OF DEATH	BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(CVD) purmonary source		
(This does not mean the mode of dying, e.g.,	A CONSEQUENCE OF:		
heart failure, esthenia, etc. It means fite disease, injury or complication which caused death.)	mander a untaretran		
ANTECEDENT CAUSES	- Cargoran - 5		
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:		
ase to me dove couse (A) siding me	t. CVA. E seisun disorder		
\\			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO ISEASE OR CONDITION GIVEN IN PART 1 (A).			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSYZ (Yes at No) 20B IF YES, WERE FINDINGS CONSIDERED		
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY (e.g., i	20A-AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., increase) 21B	in or about 21 G. WHERE DID (II In Boltimore City, give exect location)		
21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
(APPROX.) While At Work At Work			
22. I certify that (i) (this hospital) attended the deceased from	9 -4 19 72 to 2 - 14 19 72		
that (I) (we) ast saw the deceased alive an	19 To and that in (my) (our) opinion death occurred an the dale		
and hour and from the causes stated above. (1) ((ald) (did not) v			
DL	ending Med. Stuff Phys. 2-14-72		
23G. PHYSICIAN'S NAME (Type) Que Vi Chitraplee	23D. ADDRESS Promident Hope		
4A. SURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRI			
Burial 2-18-1972 Mt. Auburn Ce	emetery Baltimore Maryland		
25A. DATE REGIO BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS		
/S 150-PEV 1/1/68	NUTTER MUNBRAL HOME 3035 W. NORTH AV		

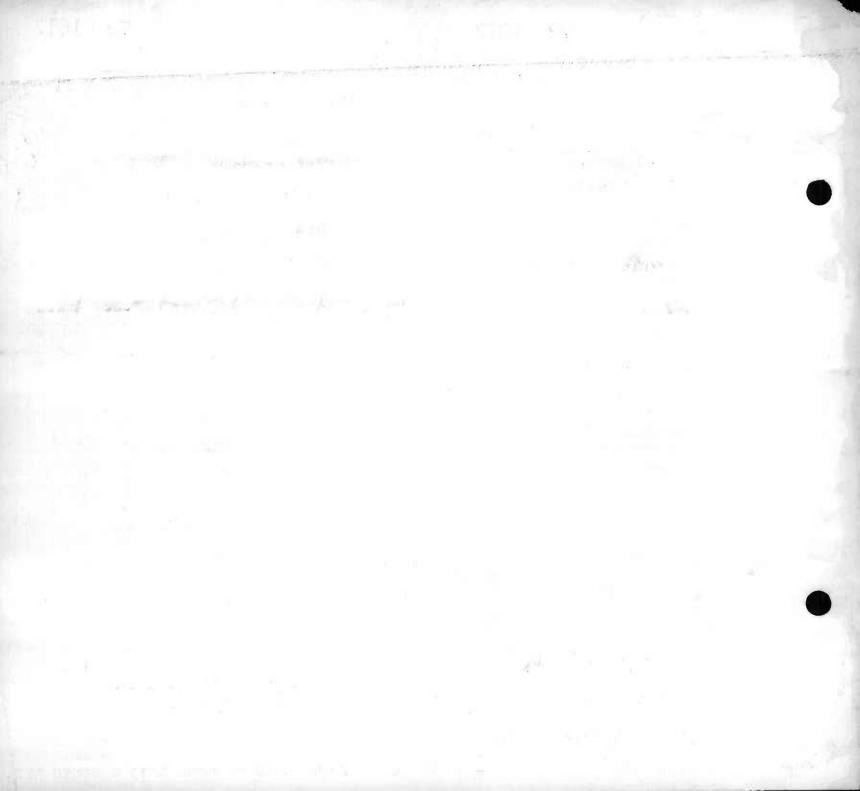
	Y-463		MED	ICAL	EXA	MINER'S	CERTIFI	CATE	OF I	DEAT	H REG. N	7	2 01	1645	
	RTH NO.														
	NAME OF DEC		ses Poli	lard			2. DATE OF DEATH	Known E Estimated	<u> </u>	Month 2	Doy 10		72	Hour	м.
4.	PLACE IN BAL	TIMORE, M	ARYLAND, W	HERE PR	ONOUNG	CED DEAD	3. DATE		-	Month	Doy		Yeor	Hour '	741.
HO	L NAME OF SPITAL INSTITUTION	(IF N	OT IN HOSPITA	L OR INST	ιτυτιον, ο	SIVE STREET		UNCED DEAL		2	10		72	10:03	M.
	O O 1710 N. Payson Street					A. STATE	ESIDENCE (Where	dece osed li	B. COUN		sidence be	500	ilon)	
6.	SEX	7. RACE		B. MARRI	ED NI	EVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
1	male	Neg	ro	WIDOW		DIVORCED [Balt	.0.				YES E	N N	10 🗆	
9. [DATE OF BIRT	Ĥ	10. AGE (In	yeors		Yr. If Under 24 Hrs.	E. STREET	AND NUMBI	ER						
5	5-23-19	10	lost birthdo	"	Months U	Poys Hours Min.	17	710 N.	Pays	on St	reet				
11.	BIRTHPLACE (S	tote or for	eign country)	1	2. CITIZI		13. FATHER	'S NAME						3/11	
7	/irgini	a		11111	WHAT	COUNTRY?	2	2							
144	USUAL OCCU	PATION (C	ive kind of work	48. KIND	OF BUSIE	VESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAM	E					
don	eduring most of w	orking life,	even if retired)	Crown	1-Con	ck & Sea.	1								
1	ranorer			Co	mnar	ny	2		?						
(Y e	WAS DECEAS s, no or unknown)	(If yes, giv	e wor or dotes	of service)	17.	SECURITY NO.	18. INFOR	MANI				ADDR	KE22		
7	/es	Wor	ld War	II			Leona	H. P	oll	ard .	1710	N.	Pays	on St	treet
	19.	- X				CAUSE OF DEA	TH							EN ONSET AN	
	DISEAS	E OP CON	DITION DIREC	TIV		Carcino	ma of	rostat	e						
			TO DEATH	-11.									- 3		
	(This does n	ot meon th	ne mode of dy	ing, e.g.,		(A) IMMEDIATE (AS A CONSEC	UENCE OF:							
	injury or con	, osthenio, e aplication w	etc. It meons the hich coused dec	th.)	-										
			IT CAUSES			(B)									~~~~~
	DISEASES O	OR CONDI	TIONS, IF ANY AUSE (A) STAT	GIVING	91	(B)DUE TO, OR	AS A CONSE	QUENCE OF:							
-	UNDERLYIN	G COND	ITION LAST.	IIIO IIIL		(c)									
Ó						(C)									
CERTIFICATION	TO THE DEA	ATH BUT NO	ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERMI		a shifted and see that the state of the stat									**********
F					OR WHIC	CH OPERATION W	AS PERFORM	NED				21	I. AUTOP	SY? (Yes o	r No)
	0												no		
EDICAL	UNDERLYING	_	NTRIB-	1	22B. PLAC nome, form	E OF INJURY(e.g., n, foctory, street, office	in or obout 2 ce bldg., etc.)	2C. WHERE	DID (IF	in Boltimo	re City, give	exoct lo	ocation)		
M	UTING LI CA	(Month)	(Doy) (Year) (Hour	122F 1N	JURY OCCURRED		2F. HOW DI	D INII	IPY OCC	1102				
	OF INJURY	,,	(,)	, (WHILE		WHILE -			J.K. 000					
	(APPROX.)				m. WORK		VORK								
	23.	ify that I	held an I	nouiry [Ins	pection XX Au	tonsy 🗍	and that	an thi	e hasis	deoth in	my an	Inion		
	result	red from:	Natural cau	795XXX	Accide	ent Suici		smicide 🔲			ned mann	er [_]			
	ACTUAL	7	77 11	2101	11	111		CHIEF MEDI					0	ATE SIGN	IED
	SIGNATI	JRE	541	le	YW	M.E.	ASSI	STANT MEDI	CAL EX	AMINER	XX				
	EXAMINI NAME (T	ER'S	Peter L	ipkov	ic, M	.D.	ASSC	CIATE MEDI	CAL EX	AMINER			2/1	11/72	
	A. BURIAL CREA		24B. DATE		24C. NA	ME of CEMETERY	or CREMATO	DRY	24D. LC	OCATION	(Clly,	town, or	r county)	(Stote	e)
	MOVAL (Specification)	γ)	2-16-1	972	Arb	utus Mem	orial	Park	Ba	ltim	ore	C	o.	Mary	yland
	A. DATE REC'D	RY HEALT				REGISTRAR		FUNERAL DI			010		RESS	I ACL	7 2 411
23	MARKET ALL	1977	Pole & S					TER F			HOME			NOR	TH AT

Contract of a constitution with the second Consecutive Resident of Consecutive Member 14 hillings Law account The section (ALA/Surus the responded to the track to be the track of the track o

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



BIRTH NO.			EXAMINER'S C		KEG, IN	
1. NAME OF DEC	EASED			2. DATE Known	Month Doy	Year Hour
	William La			OF DEATH Estimoted		м.
	TIMORE, MARYLAND,			3. DATE PRONOUNCED DEAD	February 9,19	72 Yeor 7:30 A.
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	TION, GIVE STREET			M. ion: residence before odmission)
00 918	Whatcoat Str	reet		A. STATE Maryland	B. COUNT	
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
Male	Negro	WIDOWED	DIVORCED 🖾	Baltimore		YES NO
9. DATE OF BIRTH	1 10. AGE (In years If	Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER		
12-19-1	948 23			6052 Moravia	a Park Driv	e
11. BIRTHPLACE (S	tote or foreign country)	12.	CITIZEN OF	13. FATHER'S NAME		
Marylan	d		WHALCOUNTRY?	William Bul	bins	
14A.USUAL OCCU	PATION (Give kind of work	14B. KIND O	F BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NA	ME	
Laborer	orking life, even if retired)	White	pario and phouse Inc.	Marion Robb	oins	
	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORMANT		ADDRESS
(Yes, no or unknown) VES	(If yes, give wor or dotes Vietnam	of service)	219-52-660	RMrs Marion	Haley 2400	Loyola Northwa
19.	VICTIAM		CAUSE OF DEA		natey 2400	APPROXIMATE INTERVAL
30.	707		Intraver	ous narcotism		BETWEEN ONSET AND DEATH
	E OR CONDITION DIRE LEADING TO DEATH	ECTLY				
(This does no	ot mean the made of d	ying, e.g.,	(A) IMMEDIATE C	AUSE AS A CONSEQUENCE OF:		
	osthenio, etc. It meons the		50210, OK	TO THE WOLLTON		
UNDERLYIN OTHER SIGN	ABOVE CAUSE (A) STA IG CONDITION LAST. II IFICANT CONDITIONS CONTINUES TO THE STATE OF T	ONTRIBUTIN	(c)	as a consequence of:		
DISEASE OR	CONDITION GIVEN IN F				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************
20A. DATE OF	OPERATION 208. CO	NDITION FO	R WHICH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Yes or No)
O						yes
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	228 hor	PLACE OF INJURY(e.g., ne, form, foctory, street, office	in or obout 22C. WHERE DID bldg., etc.) INJURY OCCUR?	(If in Boltimore City, give	exoct locotion)
≥ 22D. TIME (ar) (Hour)	22E. INJURY OCCURRED	22F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.)		-	WHILE AT NOT AT W	WHILE		
23.						
I certi	ify that I held an	Inquiry 🗌	Inspection Au	topsy X ond that an	this basis, deoth in m	y opinian
	red from: Natural co	uses 🔀	Accident Sulcid		Undetermined monne	
result			1//	CHIEF MEDICAL		
result	1	11/11				
ACTUAL	Mes	041	will	ASSISTANT MEDICAL		DATE SIGNED
ACTUAL SIGNATU	110	1/2	lull_MO	ASSISTANT MEDICAL	EXAMINER 🗵	
ACTUAL SIGNATU EXAMINI	Ronald	1 4/2 N. Korn	blum, M.D.	ASSISTANT MEDICAL	EXAMINER 🗵	DATE SIGNED 2/9/72
ACTUAL SIGNATU EXAMINI NAME (T	Ronald Ronald RATION, 1248. DATE	and the		ASSISTANT MEDICAL ASSOCIATE MEDICAL	EXAMINER EXAMINER	
ACTUAL SIGNATU EXAMINI NAME (T	Ronald Ronald RATION, 1248. DATE	2	blum, M.D.	ASSISTANT MEDICAL ASSOCIATE MEDICAL or CREMATORY 24D	EXAMINER EXAMINER	2/9/72
ACTUAL SIGNATU EXAMINI NAME (T 24A. BURIAL CREA REMOVAL (Specif	Ronald MATION, 24B. DATE y) 2-12-	1972	blum, M.D.	ASSISTANT MEDICAL ASSOCIATE MEDICAL or CREMATORY 24D	EXAMINER EXAMINER City, to Baltimore	2/9/72 own, or county) (Stote)
ACTUAL SIGNATU EXAMINI NAME (T 24A. BURIAL CREA REMOVAL (Specif Burial	Ronald MATION, 24B. DATE y) 2-12-	1972	blum, M.D. AC NAME of CEMETERY Arbutus Mem	ASSISTANT MEDICAL ASSOCIATE MEDICAL or CREMATORY 24D Orial Park I	EXAMINER ACTION (City, to Baltimore	2/9/72 wn, or county) (Stote) Co., Marylar

7311 37 CONTRACTOR OF THE PROPERTY OF sportation and being our nature by the late a letters Andrew Burening Buren

VS 150-REV. 1/1/68

Buria.

VS 151-REV. 1/1/68

25A, DATE REC'D BY HEALTH DEPT.

2-11-1972

25B. NAME OF REGISTRAR

Mt. Auburn Cemeterv

Baltimore

25C. FUNERAL DIRECTOR

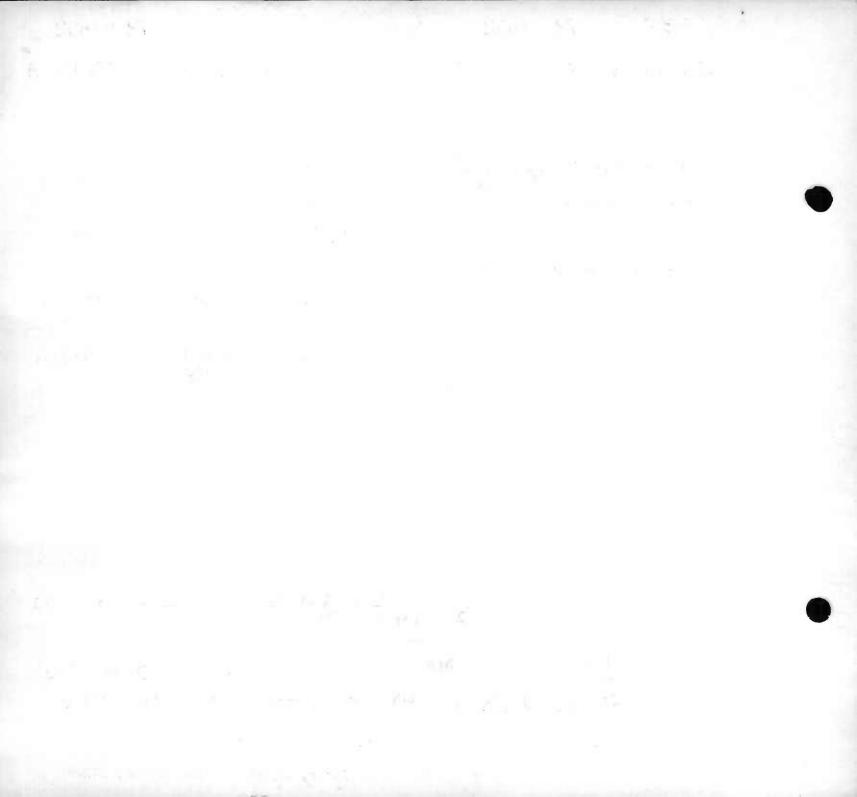
NUTTER

Maryland

ADDRESS

FUNERAL HOME 3035 W. NORTH

	-563 72 01652		TE OF DEATH	REG. NO	72 01652			
	Withowy LAMARTIN	nA.	2 DATE AND HOUR OF DEATH 2-15-1972 7:40 A					
FUL	L NAME OF OF ADDRESS OR LOCATION		Md Ball c. CITY OR TOWN BALTIMORE; E. STREET AND NUMBER	timore D. INSID	E CITY LIMITS? YES NO			
5, S	6. RACE MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
m	ALE White WIDOWED	DIVORCED	6-5-88	lost dithday!	Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 10 B, KIND OF during most of working life, even if refired) retired ATHER'S NAME	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore) 1 TAL 14. MOTHER'S MAIDEN NA/		12. CITIZEN OF WHAT COUNTRY?			
5	Salvatore Lamartina		Sarophina					
no.	(as Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. (212-07-2018)	17. INFORMANT 1) Mrs. Anthon	ny Lamartina	, 703 Crosby Road			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stating the	(B)OR AS	A CONSEQUENCE OF:	HEART	25 years.			
	UNDERLYING CONDITION last, I DIHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL	(C)						
	9A-DATE OF OPERATION GIVEN IN PART 1 (A). 198-DATE OF OPERATION 198-CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
1	PACTOR (notify medical examines) 218. ACCIDENT WAS UNDERLYING 218. ham 218. 218.	e, farm, loctory, street, af	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimore	City, give exact location)			
MEDI	OF INJURY	tNJURY OCCURRED le At Not While k At Work	21F. HOW DID INJ	URY OCCUR?				
II .	 1 certify that (I) (this hospital) attended the hot (I) (we) last saw the deceased alive on 	2 - 14	2 - 13 - 19 12; - 19 72 and the	toto	on death occurred on the date			
2	and hour and from the couses stoted obove. (1) (We) (did) (dtd not) view the body ofter deoth. 23A. SIGNATURE MD. Attending Med. Director Phys. 23B. DATE SIGNED 2-15-1972 .							
	SAMUEL J. E	WIN MA		, ,	ud., 21216.			
24A.	REMOVAL (Specify)	ME of CEMETERY of CRE	11	rsey, Marylan	town, or county) (State)			
	Burial 2/18/72 Mea DATE REC'D BY HEALTH DEPT. 258. NAMOO FEB 16 1972	dowridge Ceme	25C. FUNERAL DIRECTOR	Edmondson Av	ADDRESS			



BALTIMORE C	ITY HEALTH DEPARTMENT 72 01653
DIKITI NO.	ATE OF DEATH TREG. NO.
(Type or Print) DOROTHY H. ZAHN	2. DATE AND HOUR OF DEATH Feb 15#1972 \$ 1 09 7. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissions A. STATE & COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Manyland Baltimore [c. CITY OR TOWN D. INSIDE CITY LIMITS?
UNION MEMORIAL HOSPITAL	E. STREET AND NUMBER
	402 THACKERY AVENUE
5. SEX 6. RACE White 7. MARRIED NEVER MARRIED [WIDOWED] DIVORCED	3-5-1910 9. AGE (In years If Under 1 1/6. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KINO OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired) HOUSE WIFE	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY HYNSON	ANNIE RICHARDSON
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give war or dates of service) SECURITY NO.	17- INFORMANT ADDRESS
1/0 218-03-3305	Mr. Paul Carlton Zahn, 402 Thackery Avenue
18. CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	LAUSE CARCINOMATOSIS / year
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	Varian Carcinome
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the above cause (A) stating the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	***************************************
, II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. OATE OF OPERATION WAS PERFORMED 1218 PLACE OF INJURY OF	70 A 11 - A 2 - A
WAS PERFORMED	20A-AUTOPSYT (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 1 1218 PLACE OF INJURY (See	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, per DEATH (notify medical examine)	office bldg. INJURY OCCUR? (II In Boltimore City, give exect location)
21D.TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW OID INJURY OCCUR?
(APPROX.) While At Work At Wo	'hile
22. I certify that (this hospital) attended the deceased from	
that ((we) last saw the deceased alive an Feb. 15 A	
	dot oprings death occurred on the dote
and haur and from the causes stated above. (IF(We) (did) (did not)	
	Steff 238, DATE SIGNED
DEGREE P	hys. L. Director L. Phys. L. 100 /00 /7/
23C. PHYSICIAN'S NAME (Type) CESAO A ALEGRE ME	Union Hemminal Hospital
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	DREMATORY 24D. LOCATION (City, lown, or county) IState
REMOVAL (Specify)	
B urial 2/18/72m Rose Hill Cemet	
FEB16 1972 CALL THE COLOR	Vitake, 1630 Edmondson Avenue, 21228
VS 150-REV. 1/1/68	



D-250	מייי ל	04.05	BALTIMORE CITY	Y HEALTH	DEPARTMENT	4			
BIRTH NO.		0.100	4 CERTIFICA	TE O	F DEATH	REG. NO	7	2 1116	54
1. NAME OF DECE!	DYS	ON, M	ATTHEW WILS	SON	FE B	RUARY 12,	1972	5:0	OP
3. PLACE IN BALTI	MORE, MARTLAND, V	HERE PRONO	UNCED DEAD	4. USUA	L RESIDENCE I	Where deceased lived, II	institution:	esidence before	odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MD c. city c	BA OR TOWN	LTIMORE CO	UNTY	IMITS?	300
O ST AG	NES HOSPI	TAL		BA	LTIMORE		YES 🗌	Мом	
WILKE	NS & CATO	N AVES	21220		E IGHTS	AVE.			100
	RACE	7. MARRIED	NEVER MARRIED	8. DATE C	F BIRTH	9. AGE (In years	If Unde	T 1 Yr. If Und	er 24 Hrs.
MALE	WHITE	WIDOWED			29 14	57		00/3	7 4 11 114
A. USUAL OCCUP one during most of wo	ATION (Give kind of work rking life, even if retired)	IOB KIND O	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or	foreign country)	12. CITI	ZEN OF WHAT	COUNTRY
BUS BOY		LORD	BALTIMORE	MAR	YLAND		U.	S.A.	
JOSEPH					ELEN S	HE PPARD			
Was Deceased E	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFOR	MANT			ADDRESS	
NO	If yes, give wor or date	s of services	213 14 8406	ST	AGNES H	OSPITAL WI	IKENS	& CATO	N AV
18.	7		CAUSE OF DEAT		GIVEO /	100111112 111	LICLINO	APPROXIMATE I	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.				A CONSEC	QUENCE OF:		************************************		
TO THE DEATH	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a),							••••	
	PERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NO CAUSE OF	218 horr etc.	PLACE OF INJURY (e.g., in e., form, foctory, street, of	n or about a	IC. WHERE DIE	(If in Boltime	ore City, giv	e exoct location)	4.5
21D. TIME (/ OF INJURY (APPROX.)	Month) (Day) (Yeor)		INJURY OCCURRED ile At Not While the At Work	• 0	IF. HOW DID	INJURY OCCUR?			
22. I certify th	at XIX(this hospital) attended t	he deceased from	JANII	ARY 3	19 72 to E	FRRRII	ARY 1219	72
that MM(we) lo	ist saw the decease	d alive an	FEBRUARY 1	2, 19	72 and	that In On (our) ap	Inian deal	h accurred an	the date
23A. SIGNATURE	ram the causes stat	ed abave. ((We) (dld) (did nos) y	iew the b	ady after deat	h.	228 047	E SIGNED	
A. A					Med.	Shaff Phys.			
230. PHYSICIAN NAME ITYPO	side P	Date	U.D DEGREE Phys	23D. ADDR	ESS	OSPITAL WIL		6 CATON	JAVE
REMOVAL (Spe	cify)		AME OF CEMETERY OF CRE	MATORY	24D	LOCATION (C	ity, town, o		(Stote)
Burial	2/15/		ovidence Cer			Slenely, Md			
5A. DATE REC'D B	HEALTH DEPT.	25B NAME C	F REGISTRAR	2504	DE FEE	wNabb Sons	Cato	neville	МА
S 150-REV. 1/1/68	1972 44.8	E VALE	NO.		0 5	VIII. MOdd	5000	"SATTE	, 140

Fee aposed Commen, Spend

Romanido P. Domi A.D.

72 01655

0	72 01655 BALTIMORE CITY HEALTH DEPARTMENT
C.455	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0-1-		WEDIC	AL EX	CAMINER'S	LEK I IFI	CATE OF	DEAL	H REG NO)		
BIRTH NO.					2. DATE			KEO, 140			
1. NAME OF DECEASED (Type or Print) MARTHA J. COLEMAN						Knawn	Month	Doy	Yeor	Hour	
					OF DEATH	Estimated					M.
PLACE IN BAL					3. DATE Manth Day Year Haur PRONOUNCED DEAD						
JLL NAME OF OSPITAL	(IF NOT IN ADDRESS	OR LOCATION	R INSTITUTIO	ON, GIVE STREET	TRONG	DINCED DEAD	2	13	1972	4:28	рм
RINSTITUTION						ESIDENCE (Where	deceased I			before odmis	sion)
Luthe	eran Hos	pital (DDA)		A. STATE	Md.		B. COUNTY		190	15
SEX	7. RACE			NEVER MARRIED	C. CITY OF			D. INSIDE	CITY LIMITS?		100
male	white		DOWED	_		Balte.			YES X	NO 🗌	
DATE OF BIRTH		AGE (In year		nder 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER			TES IO.	NO L	
8-15-193		st birthday)	.1 Mant	hs, Days, Haurs, Min.		Ramsey S	_				
				ITIZEN OF	13. FATHER	-	١.				
North Carolina 12. CITIZEN OF WHAICQUNITRY? U.S.A.											
							Lyons				
ne during most of w	arking life, even i	if retired)		BUSINESS OR INDUSTR	Y IS. MOTHE						
Packer				lberts	Fan	nie Haye	5				
. WAS DECEASI	O EVER IN U.S	ar dotes of se	RCES?	17. SOCIAL SECURITY NO.	18. INFOR	TIVAN			ADDRESS		
No	(,, g.,	Mr. R	obert E.	Colema	n. 1706	Ramse	v St.	2122			
19.	/ X			CAUSE OF DEA			0 4 - 111	2100	A	PPROXIMATE IN	
2				Multiple s	ta bwoun	de of che	et and	ahdome		MEEN ONSEL AL	AD DEA!
	E OR CONDITION					ds of cire.	st allu	abuonic	eri		
1	of mean the ma		e.g.,	(A) IMMEDIATE (CAUSE AS A CONSEC	HENCE OF:		***********			
heart failure,	asthenia, etc. It r	meons the dise	ease,	DOC 10, OK 1	AS A CONSEC	OLIVEE OI.					
111017 01 0011	pricarian writer c										
AN	TECEDENT CA	USES		(B)		Mile en la company					
DISEASES C	R CONDITION ABOVE CAUSE	IS, IF ANY, GI	VING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
I IINDERIYIN	IG CONDITION	V LAST.) INC	(c)		1					
5				()							
OTHER SIGN	II IFICANT CONDI	TIONS CONT	RIBUTING						- 44		
TO THE DEA	TH BUT NOT REL	LATED TO THE	TERMINAL								
			. ,	WHICH OPERATION W	AS PEDEODA	AFD			21 AUTO	OPSY? (Yes o	r No)
)	OI EKAHOIT	LOS. CONDI	IOIVIOR	WHICH OFERALION W	AS FERIORI	TLD			21. A010)L211 (100 0	1110)
			1							es	
22A. EXTERI	AL CAUSE WA		hom e	PLACE OF INJURY(e.g., , farm, factory, street, affic	in ar about e bldg., etc.)	NJURY OCCUR?	(If in Baltimo	ore City, give e	xact locotian)	17.0	die
	USE OF DEATH			car		2800 blk.	W. La	favette	Ave.	100	1300
	Manth) (Day)) (Year)	(Hour) 2	E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	UR?		1	
OF INJURY (APPROX.)	2-13-72	4:22	P m. W	HILE AT NOT	WHILE WORK	Stabbed b	7 unkn	Own ass	ailant		
23.	2 13 72	7,44	P m. m	OKK LJ AIV	VORK EAJ	beabbed b	y dilkii	OWII ass	allant	•	
I cert	ify that I held	an Inqu	iry 🔲	Inspection Au	topsy x	ond that on t	his bosis,	deoth in m	v opinion		
	ed from: Natu			ccident Suicie				ined monner			
result	ea from: Nati	oral causes		ccident Suicia	ne 🗀 🔟						
ACTUAL	/	11/2		1		CHIEF MEDICAL I				DATE SIGN	NED
SIGNATI	JRE	140	20	M.C.	ASS	STANT MEDICAL	XAMINER				
EXAMINI	ER'S R115	ssell S	Fiel	her, M.D.	ASS	CIATE MEDICAL I	XAMINER			2-14-72	
NAME (T	AATION, 24B.	DATE		C. NAME of CEMETERY	or CREMAT	DRY 24D.	LOCATION	V (City, ta	wn, or county		
EMOVAL (Specific Burial		-17-107	2	Cedar Hill Ce	emetery	. A ₁	nne Ar	undel C			
5A. DATE REC'D	BY HEALTH DE	-17-197	4	OF REGISTRAR		FUNERAL DIRECT			ADDRESS		
FEB16	19/2	1 2 Const	Valle	a ALA	Но	ward H. H	ıbbard	, 4107	Wilken	s Ave.	212
	1/2	7.1	6.5	7 7 13 17	0	A 13					

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Mary D. 1915

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ALEMANDE LITTLE . NEED OF

24C. NAME of CEMETERY or CREMATORY

Parkwood Cemetery

258. NAME OF REGISTRAR

24D. LOCATION (City, town, or county)

25 Schimunek Funeral Homes, Inc. 3331 Brehms

Lane, Balto Md 21213

Balto. Md.

(Stote)

24A. BURIAL CREMATION,

2SA. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

BURTAT

VS 1S1-REV. 1/1/68

24B. DATE

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VS 150-REV. 1/1/6B

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shows: (1) the body

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

Such

a hospital and

	1/11/			BALTIMORE CITY	HEALTH DEPARTMENT		70 03070
1	K-6/2	72 0	1658	CERTIFICA	TE OF DEATH	REG. NO.	72 01658
	NAME OF DECE	NEVA	M. KR	ERC	2. DATE AN	D HOUR OF DEATH	72 /2:50 P.N
3.	PLACE IN BALTI	MORE MARYLAND, V		- 15	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission
FL	JLL NAME OF	OF NOT IN HOSPI	TAL OP INSTIT	THION CIVE STREET	MARYLAND.	TY	701
H	OSPITAL OR	ADDRESS OR LOC	ATION	TUTION, GIVE STREET	C. CITY OR TOWN	D INSI	DE CITY LIMITS?
JK.		HOME AND	Haco	T-01	BALTIMORE		YES X NO
Ľ	CHURCH	Moute Wil	Hosp	11111	E. STREET AND NUMBER 2901 Mc ELDER		
5.	SEX	. RACE	7- MARRIED	NEVER MARRIED			If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
	F	W	WIDOWED		02-22-1900	ast birthday)	Months Days Hours Min.
10,	USUAL OCCU	ATION (Give kind of wor	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
do	HOUSE	orking life, even if retired)		100.000.000	MARYLAN	9	U.S.A
13.	FATHER'S NAM		a.	t home	14 MOTHER'S MAIDEN NAM		J U. 3, A
	CYRUS		- 771 -				
_						RUM	
(Ye	s, no or unknown)	ver in U. S. Armed For	ces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	no			215-10-9879	Leonard Kreb	s (son) 2hh	L. Monument St.
	18. / 0.6	-01		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY		ZED INTRA-ABDON		BETWEEN ONSET AND DEATH
H	L	EADING TO DEATH		(ANIMMEDIATE CALL	SE METASTATIC	ADENOCARCE	NOMA UNKNOWN
	(This does not	t mean the mode of sthenia, etc. It means	dying, e.g.,	DILLETO OF AR	CONSEQUENCE OF:		D /O /V MOVOIT
	injury of comp	lication which caused	death.)				
	A	NTECEDENT CAUSES		The second second			
	DISEASES OR	CONDITIONS, if	gny, giving	(B)	A CONSEQUENCE OF:		
	rise to the	above cause (A)	stating the				
	UNDERLYING	CONDITION last.		(C)			
z		11	ODI	VERTICULITIS W	1TH PERFORATION INT	D URINARY BLAD	
일	I O THE DEATH	BUT NOT RELATED TO T	HE TERMINAL	2) BILATERAL	RENAL CALCULI	EUMONIA -	UNKNOWN 5 DAYS
CA		NDITION GIVEN IN PAR		WUICH OFFRATION			
CERTIFICATION	JAN, 13, 1	WAS PER	FORMED		20A. AUTOPST? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED
CER		WAS UNDERLYING	RATION	OF DIVERTICULU	of shout 21 C WHERE DID	fit to Date:	
CAL	OR CONTRIBUTE	ING CAUSE OF	hon	e, form, factory, street, off	or about 21 C. WHERE DID	(IT IN BOITIMORE	City, give exoct location)
S			100				
MEDI	21D. TIME (Month! (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
<	(APPROX.)		Wh	ile At Not While			
	22. I certify th	hat (+) (this hospital	Pattended t	he deceased from	TAN 4. 1	72 to F	EB 11, 1972
		ast sow the decease		FEB. II.	- A	4	The state of the s
		the second		^ -		in (my) (out) oblin	Ion death occurred on the date
	23A. SIGNATURE	from the causes stat	ed above. H	H (Me) (qiq aet) vi	ew the body after death.		
	237. SIGNALORI		don	H.D. Atter	ation was a said one of		23R DATE SIGNED
		Kustun	v. Iva	DEGREE Phys.	ding Med. S	hoff hys.	FEB. 11, 1972
	23C. PHYSICIAN NAME (Typ	s el	1		3D. ADDRESS		
		KUSTUM	IRAN]	M.D.	CHURCH HOME	E AND HO	OSPITAL
24/	BURIAL CREM	ATION, 248, DATE	24C. N.	AME OF CEMETERY OF CRE			, town, or county) (State)
	BURIAL	2/15/7	72 0	lok Torm Compt	2007		
	DOLLTHI	6/17/	6	Oak Lawn Cemete	-17	Balto. Md.	

25C. FUNERAL DIRECTOR
Schimunek Funeral

ADDRESS 3331

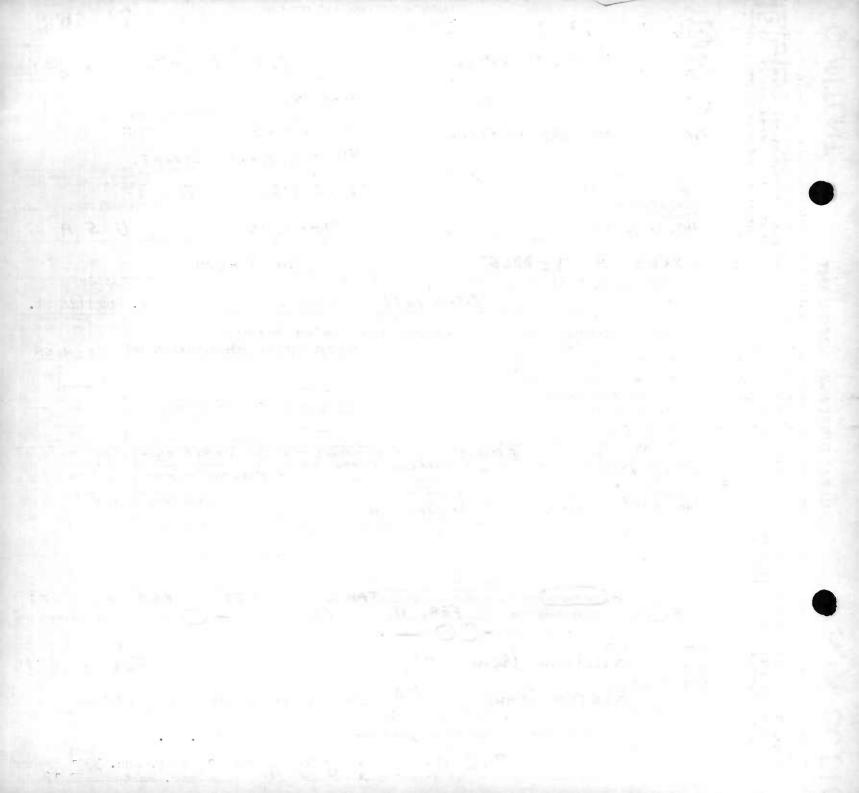
Inc.

Brehms

Homes,

258 NAME OF

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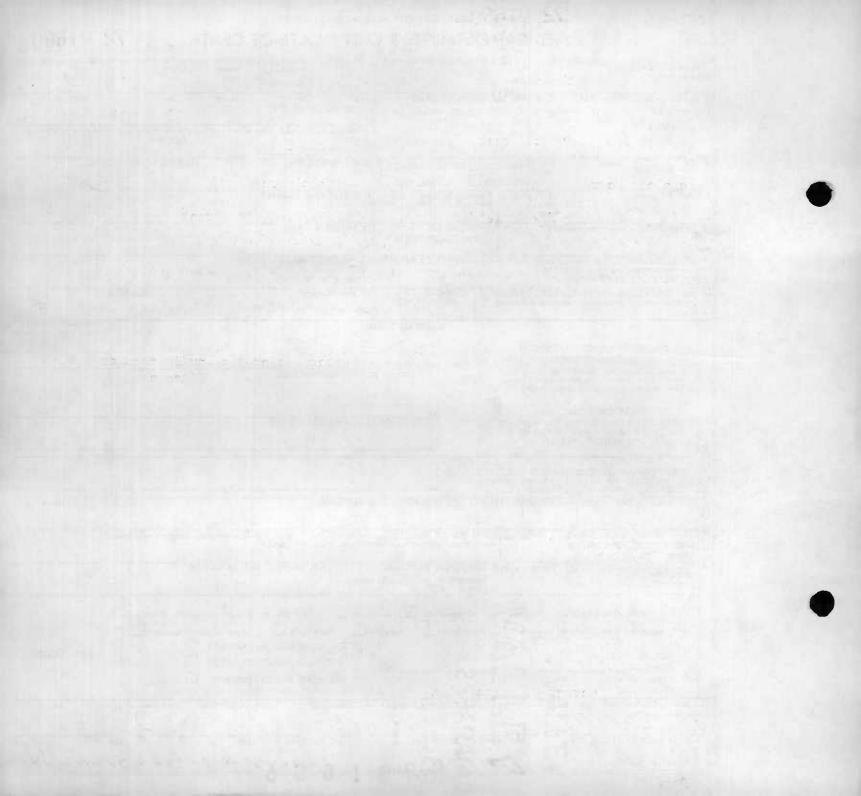
H-516	72 0	1659		HEALTH DEPARTMENT	REG. NO.		J1659
I.NAME OF DEC		EDWA	RD ELMER		ND HOUR OF DEAL	1972	12:10P.
3. PLACE IN BAL	TIMORE MARYLAND, WHE	RE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	tere deceased lived. I	institution: reside	ence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATIO	OR INSTITU	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	ANNE ARU		21225
4-0				BALTIMORE	J	YES 🗍	NO
TO	ST. AGNE	S HOS	PITAL	E. STREET AND NUMBER 105 W. 3RD.	AVE.	3	1200
S. SEX		_	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Months: Do	Yr. If Under 24 Hrs
MALE		VID OWED		02 29 92	79		
OA. USUAL OCCU	IPATION (Give kind of work 10) working life, even if retired)	L KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN	OF WHAT COUNTR
SUPERIN		RINTI	NG	MARYLAND		U.S.	Δ.
3. FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	AME		
HERMAN	HOMBERG			ANNIE (OBER	LINE)		
	Ever in U. S. Armed Forces of	service)	16. SOCIAL SECURITY NO.	17. INFORMATENS AV	ES. BALTO	MD. AD	DRESS 21229
NO			212099654	ST. AGNES HO	SPITAL RE	CORDS-C	A I ON &
OTHER SIGNIFITE TO THE DEATH	R CONDITIONS, if any, above cause (A) skip CONDITION last. II CANT CONDITIONS CONTR BUT NOT RELATED TO THE TONDITION GIVEN IN PART 1	IBUTING ERMINAL (A).	(c). Ohronic	Obstructive	lung Dise	- ASR	
19A. DATE OF	OPERATION 198 CONDITI	ON FOR V	HICH OPERATION	NO	IN CERTIFYING	E FINDINGS COL	NSIDERED TH?
OR CONTRIBU	TWAS UNDERLYING THING CAUSE OF medical examines	218, homeic.)	PLACE OF INJURY (e.g., in e, form, factory, street, off	or obout 21C. WHERE DID	(If in Boltin	nare City, give exc	act lacation)
21D.TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor) (H		INJURY O CCURRED Not White At Work	21F. HOW DID IN	JURY OCCUR?		
	that ()((this hospital) at					BRUARY	13 19 72
	last saw the deceased a			19 <u>72</u> ond t		pinion deoth o	ccurred on the dot
		abave. 🕅	(We) (dtd) (dXdXnXt) vi	ew the bady after death.			
23A. SIGNATU	RE O I A	,	A . O . Am.	diamental control	Y	23B, DATE SI	
Somato	W. Varga	- 1		Med. Director	Shaff Phys.	2-13	1-7V
D ON	pe)	S JR.	M.D.	ATON & WILKE	NS AVES.	BALTO.,	MD.21229
4A. BURIAL CREA	MATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.		City, town, or con	
Durial	2/18/72	Ced	ar Hill Cemet	ery Ri	tchit Hyway	Balto M	1. 21225
FFR 1 6 1	OTTO CONT. 255		E REGISTRAR	25C. FUNERAL DIRECTO	al Home 237		A D D RESS
/s 150-REV. 1/1/6	B	4	4 4 4 6	I way make	in Home 2)/	rampse	1 11VE 2122)

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VS 151-REV. 1/1/68

72 01660 BALTIMORE CITY HI	EALTH DEPARTMENT							
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	72 01660						
I. NAME OF DECEASED (Type or Print) Ruth Regin	2. DATE Known X Manth Day OF DEATH Estimated 2 14	Year Hour 72 2:00 P. M						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD 2 14	Year Haur 72 2:00 P.						
528 N. Mount Street	5. USUAL RESIDENCE (Where deceased lived, if Institution A. STATE B. COUNTY Maryland	residence before admission)						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore D. INSIDE CI							
9. DATE OF BIRTH 10. AGE (In years of the start of the st	E. STREET AND NUMBER	s 🖾 NO 🗌						
11. BIRTHPLACE (Side or foreign country) Summer to VS. C WHAT COUNTRY?	13. FATHER'S NAME							
14A-USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRI dope during most of working life, even if retired) for the results of the second o	SusiE RICKIANDSON							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, noor unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	LOBIO RAGINSZEN	mount St						
(This does not mean the mode of dying, e.g., heart follure, osthenia, etc. in means the disease, trijury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CAUSE Arteriosclerotic cardiovas AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF:	cular						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED	21. AUTOPSY? (Yes or No)						
No No								
I certify that I held on Inquiry Inspection A resulted from: Natural causes Accident Suici	Deputy CHIEF MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Or CREMATORY 24D. LOCATION (City, lown of the control of the c	DATE SIGNED 2-15-72 (Grave) (State)						



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY	Y HEALTH DEPARTMENT
H-630 72 01661 CERTIFICA	TE OF DEATH REG. NO. 72 01661
1. NAME OF DECEASED DARRELL HOWARD	2. DATE AND HOUR OF DEATH 8/15/72 10:45 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	MARYLAND G. CITY OR TOWN D. INSIDE CITY LIMITS?
tization (BAUTIMORE YES NO
UNION MEMORIAL HOSPITAL	E. STREET AND NUMBER 770 W. SARATOGA ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years If Under 1 Ye. If Under 24 Hrs. Months; Doys Hours; Min.
MAKE NEGRO WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthdoy) 2/ Months: Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even # refired) UN EMPLOYED	MARYLAND. U.S.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
HAROLD COLLINS	HELEN LEWIS
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknowni (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Votoron Howard)700 SANA PUGA
18. 30 4 0 1 CAUSE OF DEAT	APPROXIMATE INTEGVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	USE RESPICATORY FAILURE
(This does not mean the mode of dying, e.g. heart follow, ashering, etc. its means the disease, injury or complication which coursed death.)	A CONSEQUENCE OF:
injury of complication which cousts deam.	
ANTECEDENE CAUSES A	ROIN OUE RIDOSE.
DISEASE OF CONDITIONS If any giving nise is the above kouse (A) sloting the UMDERLYING CONDITION last. (C)	A CONSEQUENCE OF:
nise the above cause of stating the	
UNDERLYING CONDITION Test,) (C)	
- 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 22 (21R. PLACE OF INJURY 10.00.)	20A AUTOPSTE No. No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY In.g., or OR CONTRIBUTING CAUSE OF home, farm, factory, street, or	in or obout 2TC, WHERE DID (II In Boltimore City, give exect location)
DEATH (notify medical examined) etc.] Name of Tr	
21D.TIME IMonth) (Doy) (Year) (Hour 21E INJURY OCCURRED	216 HOW DID INJURY OCCUR?
W OF INJURY	10 X House user 'overhard
IAPPROX.) 2-12-72 /0/ Work AT AT Work	The court of the c
22. I certify that (1) (this hospital) attended the deceased from	2/13 1972 to 2/15 19/2
that (1) (we) last sow the deceased alive an 2/5/72	and that in(my) (our) apinion death accurred on the date
and hour and from the causes stated abave. (1) (We) (did) (did not)	view the body after death.
23A. SIGNATURE / / /	23 B. DATE SIGNED
NAME OF THE PARTY	ending Med. Stoff Phys.
DEGREE	23D. ADDRESS
NAME (Type) RAMICAL DEC BUSTO MODERATE	UNION MEMOLIAC HOSPITA
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	REMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 7/14/72 MAY AUSU	nn peromo
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, EUNERAL DIRECTOR ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	MAYES FUNERAL HOME 6387 Shl. ST
F-810 8/2 000000	Mil 22 20 00 11 11 11 11 11 11 11 11 11 11 11 11
V\$ 150-REV. 1/1/68	

2/28/12. Drug addiction Het. Com Office raphone

a hospital and

11				HEALTH DEPARTMENT		72 01662
1-550	72	0166	2 CERTIFICA	TE OF DEATH	REG. NO	12 01000
I NAME OF DECEAS	ED			2. DATE	AND HOUR OF DEAT	н
Type or Print)	Carrol Lem	mon		Feb	ruary 14, 19	72 11:15 PM
3. PLACE IN BALTIM			UNCED DEAD	4. USUAL RESIDENCE IV	Vhere deceased lived. II	72 11:15 P.M. Institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, CIVE STREET		lock-St. Mar	
NOTTUTION	Description to	TT 2 4	.1 7		D. IN	YES NO
39	Provident	Hospit	al, inc.	Baltimore E. STREET AND NUMBER 1404 White		123 [3] 10 []
5. SEX 6.1	ACE	Z- 44 A BROOM	C Almira MARNING C	8. DATE OF BIRTH	In ASE 6	Il Under 1 Yo , If Under 24 Hrs.
Male	Negro	WIDOWED	the state of the s	11-6-26	last birthday) 45	Months Doys Hours Min.
ione during most of work	TION (Give kind of world line life, even if refired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of I	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer				South Caro	lina	U. S. A.
3. FATHER'S NAME				14 MOTHER'S MAIDEN	MAME	
Willie	Lemmon			Mon		
5. Was Deceased Eve Yes, no or unknown) (II		ces?	16 SOCIAL	Mary 17. INFORMANT		ADDRESS
	yes, give war or dote	s of servicel	SECURITY NO.			
Unknown			250-58-7548 CAUSE OF DEAT	Mrs Mary L	emmons, 5	ame APPROXIMATE INTERVAL
(This does not theart failure, astiniury or compile ANT DISEASES OR ise to the o UNDERLYING C OTHER SIGNIFICAT TO THE DEATH BE DISEASE OR CONI 19A-DATE OF OP 21A-A CCIDENT V OR CONTRIBUTIN DEATH (notify me	NT CONDITIONS CO UT NOT RELATED TO T DITION GIVEN IN PAR ERATION 198. CON WAS PER	dying, e.g., the disease death.) any, giving staling the staling the HE TERMINAL IT I (A). DITION FOR FORMED [(C) WHICH OPERATION LPLACE OF INJURY (e.g., farm, foctory, street, o	A CONSEQUENCE OF: CAT CLYPM A CONSEQUENCE OF: CONSEQUENCE OF: 20A-AUTOPSYS (Yes or In or oboul 21C, WHERE DID ffice bidg., INJURY OCCUR 21F. HOW DID		lo lurgs Talling E FINDINGS CONSIDERED AUSES OF DEATH? Tore City, give exact locotion)
[APPROX.)		W	hile At At Work	le 🗍		
that (i) (we) las	om the causes sta	ted above.	February 14 (i) (We) (did) (did not) to become Physics	ending Med. Director 23D. ADDRESS	that in (my) (aur) a th. Stoff Phys.	pinion death accurred on the date 23R DATE SIGNED February 14, 1972
	Dr. Lo	ot	DEGREE	Provident Ho	spital, Inc.	Baltimore, Md. 21215
REMOVAL (Spec Burial		72 24 C. N	Asbury Ceme			City, town, or county) (Stote) (
25A. DATE REC'D BY	HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
FFR16	1972 Rober	4 E. May	Bus MAO O			1206 W North Ave

THE AMERICAN SOUTH

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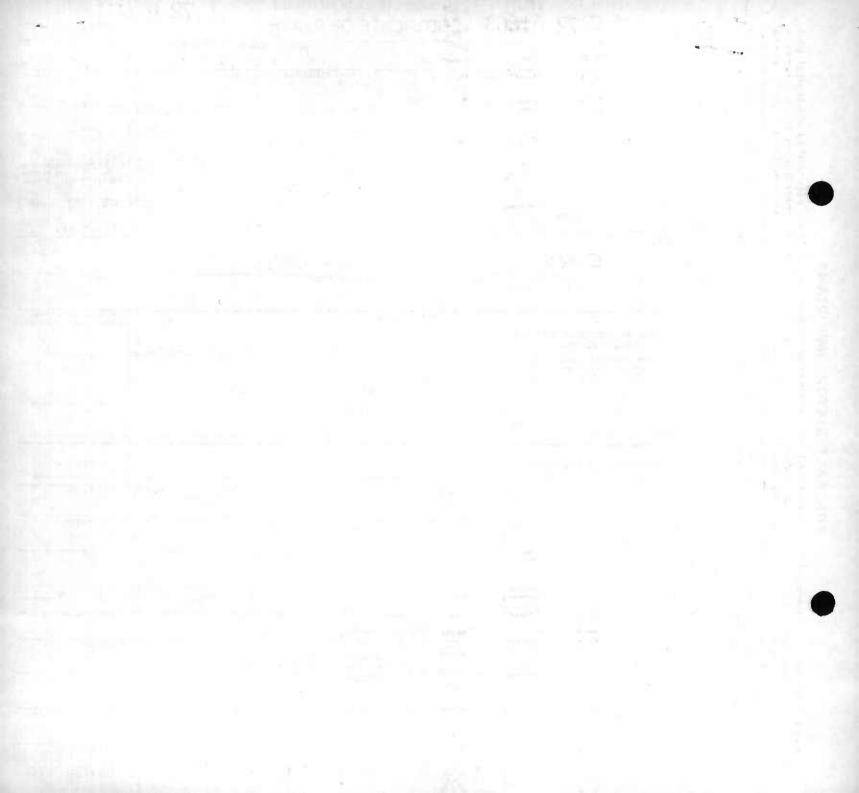
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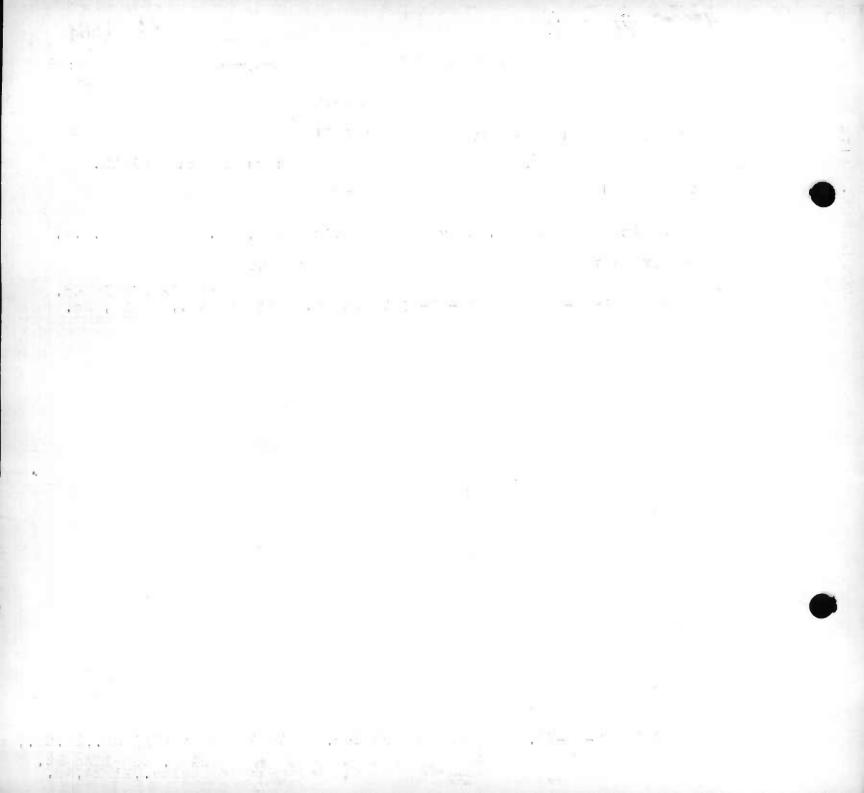
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

E420 mg		HEALTH DEPARTMENT	01663
NAME OF DECEASED	1 1 -	TE OF DEATH REG. NO.	•
mes te		TEG 16-72	2 6.30 A
FULL NAME OF (IF NOT IN HOSMTAL ADDRESS OR LOCATION INSTITUTION	OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, It is a state becounty which was a state of the state	1302
NSTITUTION			SIDE CITY LIMITS?
TUNION HEMORIAL A	OSPITAL	E. STREET AND NUMBER 2209 RUTA W PLACE	YES NO
• SEX 6. RACE 7.	MARRIED NEVER MARRIED		If Under 1 Yr. It Under 24 H. Manths! Days Hours! Min.
	VIDOWED DIVORCED	8-30-17 11. BIRTHPLACE ISISTS OF FOREIGN COUNTY	Months Days Hours Min.
STENAL	Bethlehem	South Carolina	AMERICAN
FLETCHER ELLIS		EULA BOLD	
5. Wes Deceased Ever in U. S. Armed Forces (es, no or unknown) (if yes, give war or doles o	service) 16. SOCIAL SECURITY NO.	Mrs Leona Ellis, sar	ADDRESS ne
18. 10 7 00	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASES OR CONDITIONS, If any size to the above cause (A) at UNDERLYING CONDITION fast. OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19A. CREPOI WAS PERFOIL TO THE DISEASE OF CONDITION 19A. CREPOI WAS PERFOIL TO THE DISEASE OF CONDITION 19A. CREPOI WAS PERFOIL TO THE DISEASE OF CONDITION 19A. CREPOI WAS PERFOIL TO THE DISEASE OF CONDITION 19A. CREPOIL TO THE DISEASE OF CREP	(C)	S A CONSEQUENCE OF:	
19A DATE OF OPERATION 19R CONDITION WAS PERFOI	ION FOR WHICH OPERATION	20A AUTOPSYT (Yes or No.) 20R. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., home, farm, factory, street, celes)	in or about 21 C. WHERE DID (II in Baltime ffice bidg, INJURY OCCUR?	ore City, give exoct lacotion)
DEATH (notify medical examines) 21D.TIME IMonth) IDay) (Year) I OF INJURY (APPROX.)	Houd 21E, INJURY OCCURRED White At Work At Work	le	
22. I certify that (1) (this hospital) o	ttended the deceosed from	ANUMY 10 19 72 to TE	5 f 21 EV
that (1) (we) lost sow the deceased	oilve on	19ond that in(my) (our) or	oinion deoth occurred on the d
and hour and from the couses stated	obove. (I) (We) (dld) (dld not)	view the body ofter deoth.	23B DATE SIGNED
1 1/3		ending Med. Stoff Phys.	2-16-72
23C. PHYSICIAN'S NAME (Type)	GEGREE Ph	23D. ADDRESS	12-16-72
NAME (Type) TO SCHE	2	UNION METORIAL HUSE.	
24A. BURIA CREMATION, 24B. DATE REMOVAL Specify 2/21/72	24C. NAME OF CEMETERY OF CE		City, town, or county) (State)
	Spartenburg	South Caro	
and the second s	L. Jaben M.D.	Adolphus Halstead 12	06 W North Ave
VS 150-REV. 1/1/68		17 1 2 2 7	~



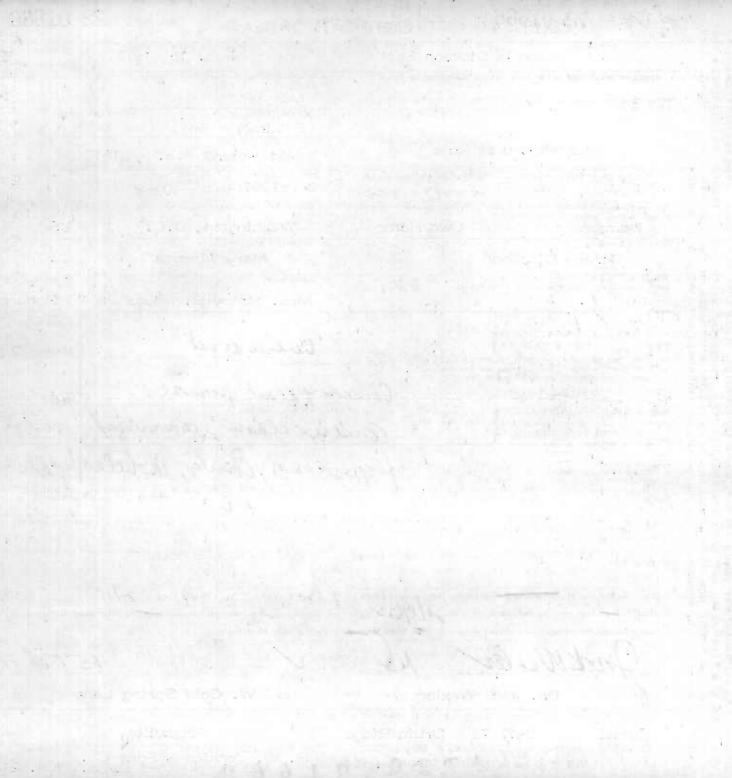
j 1.	NAME OF DECEASE	2 01664		CERTIFICA	TE OF DEATH		72 01664
	ype or Print)			IOMAS HOLT		AND HOUR OF DEATH	
н -	PLACE IN BALTIMO	ORE, MARYLAND, W	HERE PRONG	UNCED DEAD	HA. STATE B. CO	here deceased lived. If i	nstitution: residence before odmission)
F H In	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION	TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN DUN	DALK	SIDE CITY LIMITS?
		S HOPKINS	Hosp	ITAL	(BALT (468¢		YES NO T
	33				E. STREET AND NUMBER	FIELD RD.	# 21222.
		WHITE		NEVER MARRIED	8. DATE OF SIRTH 8-7-28	9. AGE IIn years lost birthdoy) 4.3	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
			WIDOWED		11. BIRTHPLACE ISlote or f		
do	ne during most of workin	ng life, even if refired)	Balto.		Baltimore		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		54100	910)	14. MOTHER'S MAIDEN N		0.3.4.
	LEROY H				ANNA HA	LL	
(Y	Wos Deceosed Ever			SECURITY NO.	17. INFORMANT	2845 P1	ainfi eld sRd.
	Yes	1946-19	48	214-22-3167 CAUSE OF DEATE	Ruth L. Hol	t : Balto.,	
	DISEASE OF	R CONDITION DIR	ECTLY	J. SOL OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not m	DING TO DEATH	dying, e.g.,	(A) IMMEDIATE CAU	SE LOFONACY	Artery D	ISEASE
	hearl jailure, asthe	enia, etc. It means tian which coused	the disease	50L 10, OR A3 /	A CONSEQUENCE OF:	,	
		CEDENT CAUSES		(B) A	herosclero	ij	
	rise to the ob	ONDITIONS, if a	ony, giving slating the	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CO	NDITION last,		(c)			
NOL	OTHER SIGNIFICAN	T CONDITIONS CON T NOT RELATED TO TH	TRIBUTING	19			
CERTIFICATION	DISEASE OR CONDI	TION GIVEN IN PART	I (A).	WHICH OPERATION	20A. AUTOPSY? IVes or	Noll 208 IF YES WERE	FINDINGS CONSIDERED
ERTIE	15 July -	WAS PERF	D.		Vec	IN CERTEXING CA	FINDINGS CONSIDERED USES OF DEATH?
CALO	21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi-	I CAUSE OF	21 B. hom	PLACE OF INJURY le.g., in e, farm, factory, street, off	or obout 21C. WHERE DID	(If In Boltimor	City, give exoci locotion)
MEDIC				INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
ξ	IAPPROX.)	_	Whi	ile At Not White			
				ne deceased from 14		19 7-2 10 15	74 1972
		saw the deceased					nion death occurred on the dote
	23A. SIGNATURE	n the causes state	ed abave. (I) (We) (did) (did not) vi	ew the body after death	•	238, DATE SIGNED
	al	n Tough	in m	Atter Phys.	ding Med.	Staff Phys.	15 tel 72
	23C. PHYSICIAN'S NAME (Type)	ohn Tar		GEOREE	3D. ADDRESS	<u> </u>	1 311
24/	A. BURIAL CREMATIC	ON. 24B. DATE	bira	ME of CEMETERY OF CRE	Johns Hopkin	s Hospita	1 Baltimore, Md.
1	REMOVAL ISpecify	1)	24C.N/				ly, town, or county) (Stote)
	Burial	2-12-75	2	Sacred Hear	t. Com. 174	Ol Cormos	Will Dd Da Ca
!5		A	258 NAME C	Sacred Hear FREGISTRAR	t Cem. 74 25C. FUNERAL DIRECTO Classification St.		Hill Rd., Ba.Co., Conkapphi St. to.,21224, Md.



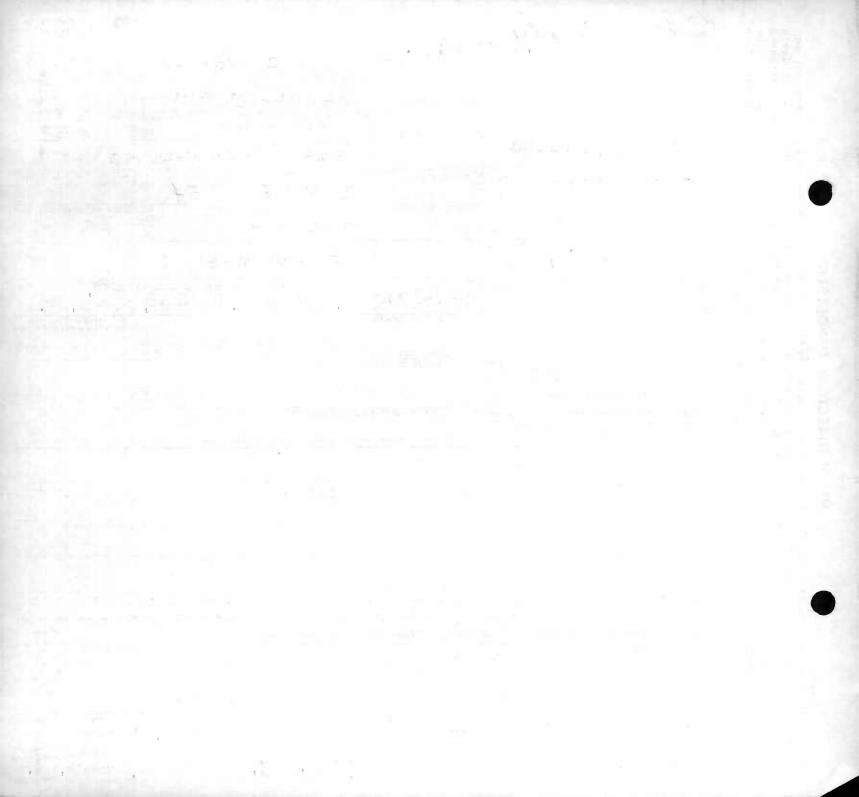
11252/ 00 21200	BALTIMORE CITY	HEALTH DEPARTMENT		72 01665	
72 01665	CERTIFICA	TE OF DEATH	REG. NO.	15 01000	
I, NAME OF DECEASED			HOUR OF DEATH		
(Typo or Print) HAW KINS, LOT	TA K	Feb.	13:197	21 77	M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOU	NCED DEAD	A. STATE B. COUNTY	oceased lived, If in	stitution: residence before admissi	ion)
HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	TION, GIVE STREET	CCITY OR TOWN	D. INSI	DE CITY LIMITS?	
This Menorial	HOSPITS	E. STREET AND NUMBER BROAMIEW	APTS.	YES NO [
5. SEX 6. RACE 7. MARRIED		O DATE OF BIRTH	ACE II	If Under 1 Yr., If Under 24 I	Hrs.
F W WIDOWED	DIVORCED	06.08.83	birthdayl	Months Doys Haurs Min	n,
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUN	ITRY?
HOUSEWIFE OWN	HOME	MISSOUR	1	26.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
RICHARD E. Klem	4	CAROLINE	, DA	ENZRY	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war at dates of Service)	6. SOCIAL SECURITY NO.	17. INFORMANT	m BOU	D CIBSON ISC.	ANI
No	220-44-453	COLAKLEN SAINT GIL	ES Rd.	Md. 210	56
16.4/12,41	CAUSE OF DEATH			APPROXIMATE INTERVA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		se Electrolyti	c UMBA	lauch	
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU		C OMIN	BUCK	-
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	00110,01100				
ANTECEDENT CAUSES	STP	ake			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			100
rise to the above cause (A) stating the	ASC	CUE			
UNDERLYING CONDITION last.	(c)	- 4-2			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B.					-
DISEASE OF CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A AUTOPSY? (Yes or No)	OB. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
WAS PERFORMED		NO	N CERTIFYING CA	USES OF DEATH?	
OR CONTRIBUTING CAUSE OF home etc.)	PLACE OF INJURY (e.g., in , farm, factory, street, of	or obout 21 C. WHERE DID fice bldg. INJURY OCCUR?	(If in Baltimor	e City, give exact location)	
All the manufactures and the same of the s	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?		
OF INJURY (APPROX.) White	Not While	· 🗆			
22. I certify that (1) (this hospital) attended th			to 2-1	3 17 19	
that (1) (we) last sow the deceased alive on				nion death occurred on the	dole
and how and from the couses stated above. (1)	(We) (dld) (dld not) v	lew the body after death.			
23A. SIGNATURE	AHA	nding [7] Med. [7] Sto	off Icon	238 DATE SIGNED	
Committee MD	DEGREE Phy	Director L Ph	ys. 🛛	12-13-12	
23C. PHYSICIAN'S NAME ITYPE JAIRO RAMITE		UNION HEN	laisa	HAZO-	
	ME of CEMETERY of CRI		V .	ty, tawn, or county) (Stole	let
		T) & 1		Dall- 0- 34	
Burial 2/17/72 D	ruid Ridge	25C ELINERAL DIRECTOR	& Sons	Balto Co., M Col4905 York R	Rd.
1 74 - A 141 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jane Comment	W. W.	Rol.	to Md. 21212)

VS 150-REV. 1/1/68

72 01666		HEALTH DEPARTMENT		70 04000
	CERTIFICA	TE OF DEATH	REG. NO.	72 01666
Type or Print) Jessie Dicksor	n Seal	2. DATE AN	. 15, 1972	DIEd m sleep Overkured of Am
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	e deceosed lived. If inst	titutian: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	TON, GIVE STREET	Maryland c. city or town	D. INSID	E CITY LIMITS?
6409 Pinehurst Road		Baltimore E. STREET AND NUMBER 4401 Roland		YES** NO
SEX 6. RACE 7. MARRIED WIDOWED 8	NEVER MARRIED	8-6-1891	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
of O. USUAL OCCUPATION (Give kind of work 10 B, KIND OF B one during most of working life, even if retired) Homemaker	Home	11. BIRTHPLACE (Slote or foreign		USA
3. FATHER'S NAME Henry Dickson		14. MOTHER'S MAIDEN NAM Mary A		
5. Wos Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	C Hause 6	ADDRESS 6409 Pinehurst Ro
18,44/2 14/1 0 5 0 0	CAUSE OF DEATH		J. Hauss	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(C) Const (C) Const (C) Const	Lensin, Show	generaliza ly probe	ed yeur les yeurs
19A. DATE OF OPERATION 19B. CONDITION FOR WHAS PERFORMED		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OUT	LACE OF INJURY (e.g., in form, factory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	AI Not While At Work	21 F. HOW DID INJU	JRY OCCUR?	A GENERAL TO
22. I certify that (1) (this-hospital) attended the that (1) (we) last saw the deceased alive an	1161	1	969 ta 2-1 it in(my) (my) apini	IS 1972,
and haur and fram the causes stated above. (1)	16	/	Staff	23 B. DATE SIGNED
23A. SIGNATURE INCH CON	Phys		Phys.	15 Feb 1972
	Phys	Director L		15 /seb 1972 Lane
23C. PHYSICIAN'S NAME (Type) Dr. Jack Wexle 4A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	OEGREE Phys	Director L 1823D. ADDRESS 222 W. Co	old Spring CATION City Pikesville.	, town, ar county) (State)



1/ 1/5	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 72 01667		TE OF DEATH REG. NO	· 72 01667
1. NAME OF DECEASED Fred W. K.	eplinger, SrGER	2. DATE AND HOUR OF DI 2 - /3 - 7	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	l. If institution: residence before admission
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN DUNCALK	timore 57
CHURCH HOME A	ND HOSPITAL	BALTIMORE	YES NO 🔀
Church Home & Hospital		3435 CORNW	ALL RI.
Male White WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-10-18 9. AGE (In years lost birthday) 5.	4 Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIN Jone during mast of working life, even if refired) CORE MAKER & MOULDE	K	11. BIRTHPLACE (State or fareign country) VX RQ 1 NO 1 A	12. CITIZEN OF WHAT COUNTRY
FRED FEPLING	ger ER	14 MOTHER'S MAIDEN NAME ELLEN MAR	?
5. Was Deceased Ever in U. S. Armsed Forces? Yes, no or unknown) (If yes, give war ar dotes of serv NO	16. SOCIAL SECURITY NO. 231-03-6443	Mrs. Katherine N. Kepli	
injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	vina DUE 10, OR AS	OCARDIAL INFO	ARCTION FEW DAY
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION 1 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	NAL		
19A-DATE OF OPERATION 19B CONDITION 1	OR WHICH OPERATION	NO No No No 208. IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	218. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	or about 21 C. WHERE DID (If In Balice bldg., INJURY OCCUR?	Itimore City, give exact location)
21D. TIME (Month) (Doyl (Year) (Haur) (APPROX.)	While At Not While Work At Work	216 HOW DID INJURY OCCUR?	
22. I certify that (4) (this hospital) attend			2 - 13 - 1922
that ((we) last saw the deceased alive			apinion death occurred on the date
and haur and from the causes stated abov	e. (# (We) (did) (did vi	ew the bady after death.	
23A. SIGNATURE	After	ding Med. T Shu M	238. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys.	Director Phys.	2-13-72
NAME (Type) S. P. GEOR	GE	•	ND HOSPITAL
	C. NAME of CEMETERY OF CREATERY OF CREATERY		(City, town, or county) (State) ore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
/S 150-REV. 1/1/68	M.B.C.	John J. Dudi, 7922 Wi	se Ave. Dundalk, Md.



7-623	72 01 MED	668 DICAL	BALTIMORE CITY HE. EXAMINER'S			EATI	н	72	0166	38
BIRTH NO.							REG. NO			
1. NAME OF DEC			FOERSTER	OF		Aonth	Doy	Year	Hour	
	LaxkiexK			DEATH Estim	ated 🗆	2	11	72		М.
4. PLACE IN BALL FULL NAME OF	TIMORE, MARYLAND, V		TUTION, GIVE STREET	3. DATE PRONOUNCED I		Aanth	Doy	Year	4:45	n
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	OHON, GIVE SIKEEI	- Hellas BeerBesse		2	11	72		M
40	St. Agnes	Hospit	al	S. USUAL RESIDENCE A. STATE Md.	E (Where de		ed. If institution: B. COUNTY	residence b	efore odmis	7
6. SEX	7. RACE	8. MARRII	D NEVER MARRIED	C. CITY OR TOWN			D. INSIDE CIT	Y LIMITS?		
female	White	WIDOWI	DIVORCER -	Balto.			YE	s 🖾 n	10 🗆	
9. DATE OF BIRTH 8-13-1886	1 10. AGE (I last birthdo 85		If Under 1 Yr. If Under 24 Hrs. Nonths Days Hours Min.	E. STREET AND NU	MBER K RRAKA S	na xAvr	Pro	hawn	Abe.	
11. BIRTHPLACE (S	tate ar foreign country)	1	2. CITIZEN OF	13. FATHER'S NAME						
Maryla	nd		WHAT SOUNTRY?	Willian	n H. Sc	heib				
14A.USUAL OCCUP	PATION (Give kind of work	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIL	DEN NAME					
Hous ew	arking life, even if retired)		HOme	X	XXMMX	Hui	ndertmar	:k		
16. WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORMANT	Villian	H. I	Burkha 🕈	DRESS	T _e l =	
no or unknown)	(If yes, give war ar dates	at service)	SECURITY NO.	MmxHxxBmxk			413 Arbu		re.	
19.4/19	11.	-	CAUSE OF DEA	тн					ROXIMATE IN	
heart failure, injury or com AN DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	not mean the mode of dy asthenia, etc. It means the plicotion which caused de ITECEDENT CAUSES OR CONDITIONS, IF AN ABOVE CAUSE (A) STAIG CONDITION LAST. II IFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN P	e disease, ath.) Y, GIVING THE CONTRIBUTION THE TERMINATION	(B)(C)	AS A CONSEQUENCE						
20A. DATE OF			OR WHICH OPERATION W	AS PERFORMED				21. AUTOF	SY? (Yes o	r No)
8									no	
UNDERLYING UTING CAL	NAL CAUSE WAS OR CONTRIB- USE OF DEATH. Manth) (Day) (Yea	r) (Hour)	WHILE AT NOT	a bldg., etc.) INJURY C	RE DID (IF III) VDID INJUI			t location)		
I certi	R'S Peter .	L	Accident Suicio	le Hamicide	Un EDICAL EXA	determin MINER MINER	-		DATE SIGN 2/12/7	
			24C. NAME of CEMETERY	or CREMATORY	24D. LO	CATION			(Stat	e)
24A. BURIAL CREA REMOVAL (Specif Buria	y) 0 15 1	.972	Western Cem	etery			(City, tawn, on Ave.			

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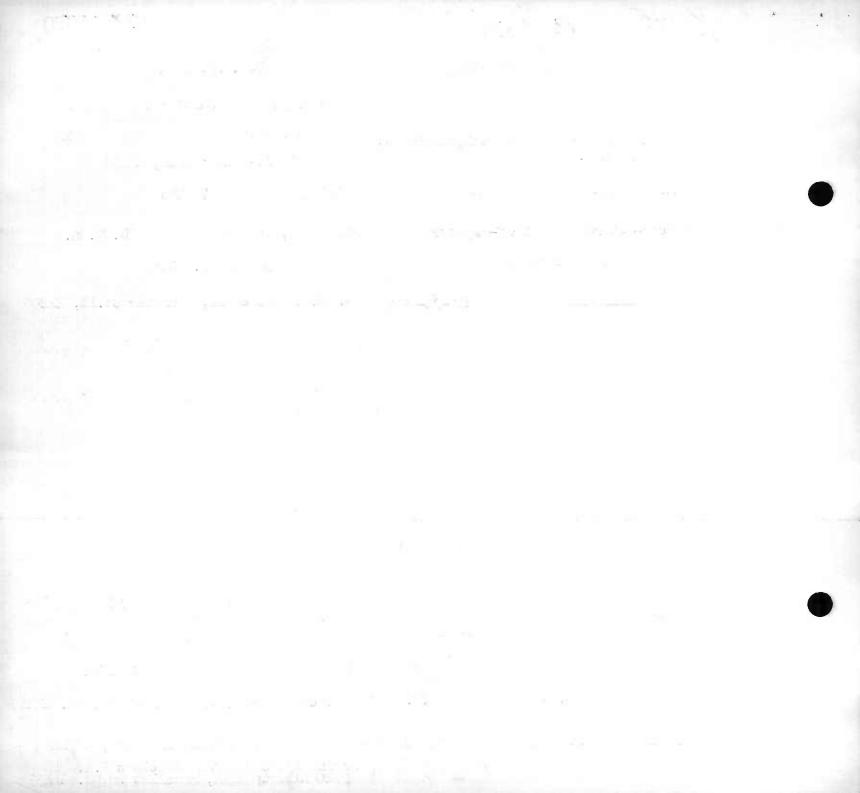
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A/	BALTIMORE CIT	HEALTH DEPARTMENT		72 01669
11-655 79 01	1669 CERTIFICA		REG. NO	.~ 01000
	COOD CLINTING			
I.NAME OF DECEASED Type or Print)			ND HOUR OF DEAT	
NORMAN.SR.	WILLIAM ELDRIC		BRUARY 13	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If	institution: sesidence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR	NUTITION CIVE STREET	MARYLAND		21229 2856
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	MASHIOTION, GIVE STREET	C. CITY OR TOWN	10.10	ISIDE CITY LIMITS?
ST AGNES HOSP	ITAI	BALTIMORE	D. IN	141/
				YES XX NO
CATON & WILKE		E. STREET AND NUMBER	NE BOAD	
BALTIMORE, MA		107 S TREMO	NT ROAD	
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hr. Months: Days : Hours : Min.
	WED DIVORCED	02/14/01	70	
OA. USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State of fore	eign country)	12. CITIZEN OF WHAT COUNTE
done during most of working life, even if retired) ACCOUNTING		MARYLAND		11 8 1
				U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
WILLIAM E NORMAN		BESSIE BUC	KINGHAM	
	16. SOCIAL			DATE ASPECTA
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of ser		MITI		BALTO MPRE 22229
NO	216-01-281	ST AGNES HO	SPITALIS	RECORDS CATON &
18. 5 110 01	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grade to the above cause (A) staling UNDERLYING CONDITION lost.	iving (B)	A CONSEQUENCE OF:		
Z OTHER SIGNIFICANT CONFIDENCE CONTRIBUTION	INC.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NAL			
OISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************	1204 - 4455	V 000	•••••••••••••••••••••••••••••••••••••••
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	YES	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examined	21& PLACE OF INJURY (e.g., inome, farm, foctory, street, of etc.)	n or about 21 C. WHERE DID	(If In Boltim	ore City, give exoct location)
21D.TIME (Month) (Day) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJ	URY OCCURT	
E OF INJURY	While At Not While			
(APPROX.)	Work At Work			
22. I certify that X1X(this hospital) attended	ded the deceased from FF	BRUARY 12	19 72 to FE	BRUARY 13 19 72
that (1)((we) last saw the deceased alive		7.0		
			at In (AN) (ont) of	inion death occurred on the da
and hour and from the causes stated aba	ve. () (We) (did) XdXdXnXtX v	lew the body after death.		
23A. SIGNATURE				238, DATE SIGNED
1	m of Atte	nding Med.	Staff A	02 13 72
23C PRIVICIANS	DEGREE Phy		Phys. Cil	1 1 1 1 1
JOSE APTER	M.D.	CATON & WILK	ENS AVES.	BALTO., MD. 21229
	C. NAME of CEMETERY of CRI			City, town, or county) (State)
	Loudon Park Cemet	Po	1timore Me	r.land
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ltimore, Ma	ADDRESS
FEB 16 1972 (Killed L. 4)	Bey M.D.			Wilkens Ave. 21229
/S 150-REV. 1/1/68		######################################		

IMPORTANT

FUNERAL DIRECTOR:

1/115	-		BALTIMORE CITY	HEALTH DEPARTMENT		MOI O LONG
649 BIRTH NO.		01670	CERTIFICA	TE OF DEATH	REG. NO	72 01670
1. NAME OF DECE (Type or Print)					D HOUR OF DEATH	
2 DI ACE IN BALT	Rudolr	oh Kre	iling	F	eb. 13, 1972	
S. PLACE IN BALI	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUN	re deceosed lived. If in: ITY	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland	Baltimo	re 5 3 00
NSTITUTION	ADDRESS OR LOCA	(IION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Like Life III	nion Momonin	Unanit	tal, Baltimore,	Reistersto	wn.	YES NO XX
	aryland.	- nospr	oar, partemiore,			
				803 Shirle	y Manor Road	, 21136
	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hr. Months: Doys Hours Min.
Male	White	WIDOWED		9/18/95	9. AGE (In years lost birthday 76 Yrs	Months Doys Hours Min.
OA. USUAL OCCU	PATION (Give kind of work orking life, even if retired)	10B KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTS
	-Retired	Self_I	Employed	Boltimone Was	lo a o fara	11 G A
3. FATHER'S NAM		0077-1	Turbio's ed	Baltimore, Mai		U.S.A.
		ling				
				Elizal	beth R. La	ng
5. Was Deceased es, no or unknown)	Ever in U.S. Armed Ford (If yes, give war ar date:	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			218-32-0787	Mrs. Eleanor Co	chell,6 Qui	mper Ct.1B, 21208
18. 4/ / 5	. 21		CAUSE OF DEATI			APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIR	ECTIV		0/		BETWEEN ONSET AND DEAT
	EADING TO DEATH			(esterió Sch	lesolis H	can 5 year
(This does no	t mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	100000	
injury or camp	sihenia, etc. Il means licalian which caused	the disease, death.)		A A	January	
	NTECEDENT CAUSES		h.	14/1	la tura	3 , 01
1	CONDITIONS, if a		(B)	stearding W	Jan 110	o year
rise la lhe	abave cause (A)	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	U	
UNDERLYING	CONDITION last.		(c)			
	11					
OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING				
I DISEASE OR CO	BUT NOT RELATED TO THE	1 (A).	*************	************************************		
19A. DATE OF C	PERATION 198. CONT	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
		- 101125		10	IN CERTIFYING CAU	SES OF DEATHY
OR CONTRIBUT	WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., Ir	or obout 21 C. WHERE DID	(If In Baltimare	City, give exoct lacation)
DEATH (notify n	nedical examiner	atcJ)	ice siegy into ok. Occok:		
21D. TIME (Manth) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	IRY OCCUR?	
(APPROX.)		Whi	ile At Not While			
		Wor			4	4
22. I certify t	hat (1) (this hospital)	attended ti	he deceased fram	me 18.	9 36 ta Td	1- 13 19 72
that (1) (200) 1	ast saw the deceased	alive an	MV. 2"	19//and the	at in (my) (eet) apini	ian death accurred on the dat
and have and	fram the causes state	ed abave. (I) (We) (did) (did not) vi	ew the bady after death.	/ Union of	neman / /
23A. SIGNATUR			-1		0	23B. DATE SIGNED
Za	I I. Itha	1.	M M Atter	iding Med.	Shoff [7]	
23C.PHYSICIAN	's	muer	DE STREE Phys.	Director L	Phys. 🔲	2/14/72
NAME (Typ	Earl L. C	hambana	/ 1	3D. ADDRESS		71.
			DEGREE		ing Lane, Ba	altimore, Md. 212
REMOVAL (Sp	ATION, 248, DATE ecify)	24C.NA	ME of CEMETERY of CRE	MATORY 24D. LO	CATION (City	, tawn, or caunty) (Stote)
Burial	2/16/7	2 Drill	id Ridge Cemet	term D:	keerilla Da	1+imono Marral and
SA. DATE REC'D			OF REGISTRAR	25C. FUNERAL DIRECTOR	resitte, pg-	ltimore, Maryland
FEB16	12 Madient E	Valley	E REGISTRAR	Loring Byers	Funeral Dire	ectors P.A.
S 150-REV. 1/1/68		3 1	- 4	H 8728 Liberty	Road, Randa	11stown, Md. 21133



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 72" 01671" CERTIFICATE OF DEATH REG. NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 20 CITY OR TOWN D. INSIDE CITY LIMITS? YES T NO T E. STREET AND NUMBER 4940 Eastern Ave. Baltimore, Maryland 21224 21224 5. SEX 6. RACE 9. AGE (In years 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH if Under 1 Yr. Il Under 24 Hrs. Hours Caucasian WIDOWED DIVORCED IOA. USUAL OCCUPATION (Give kind of work IDB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) 1 NEMPLOYET Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) 6. SOCIAL 17. INFORMANT or final BCH Redords 4940 Eastern Ave SECURITY NO. 34 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY embalmed LEADING TO DEATH (This sage may mean the moon of dving heart tailure, estimated that the moon of dving. DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death, ANTECEDENT CAUSES DISTANCE TO THE CONDITIONS THE AMENE STRING THE LANGE THE CONDITION I LANGE THE CONDITIO DUE TO, OR AS A CONSEQUENCE OF ACTIVRF the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes of No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED FRACTURE HIP 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY leage, in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exect location) MEDICAL DEATH (notify medical examined FATUN obtained 21D. TIME OF INJURY 21F. HOW DID INJURY OCCUR? (Year) (Hour) 21E INJURY OCCURRED While At Not While (APPROX) At Work 22. I certify that((1)(this hospital) attended the deceased/from that ((1)/(we) last saw the deceased alive an. ond that in (my) (our) apinion deoth occurred on the dote and hour and from the couses stated above. ((1) (We) (did) (did not) view the body after death. must 23A. SIGNATURI 23B, DATE SIGNED Attending | Med. Director approval Phys. DEGREE 23C. PHYSICIAN'S 23D. ADDRESS 4940 Eastern Ave. 21224 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION town, or county! (State) 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR OF

Rathmers Con Hospitals Bolto St.

Such

to death. attendance

prior

on the

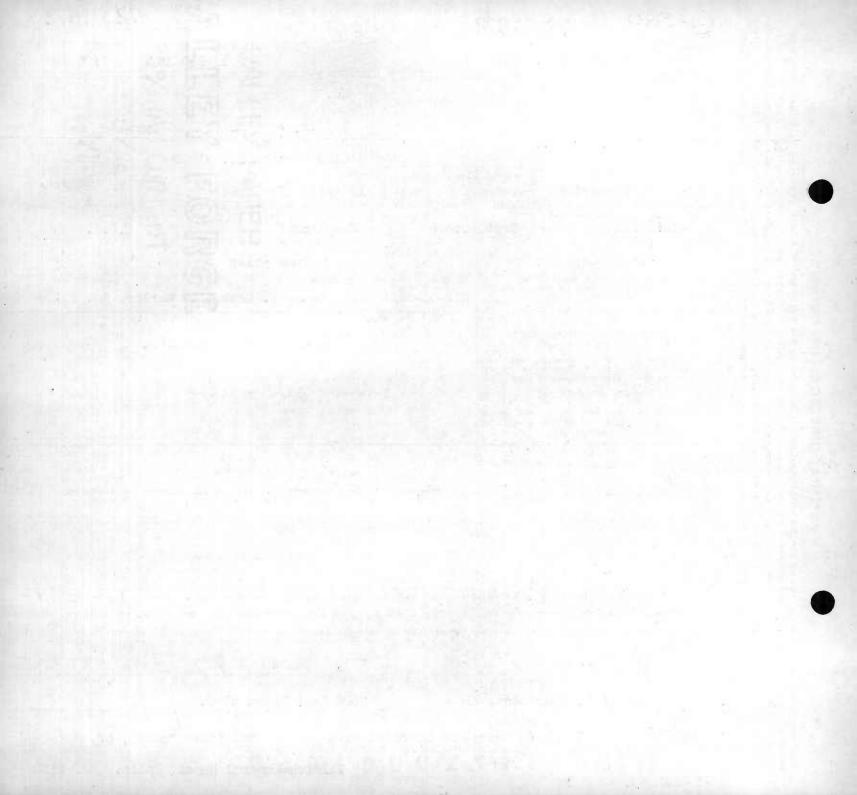
a hospital and

2-320				HEALTH DEPARTMENT		72 01672
BIRTH NO.	72	0167	2 CERTIFICA	TE OF DEATH	REG. NO	12 01012
Type or Print)	GEORGE C.	GETZ		2. DATE A	14 Feb 1	
	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (WHA. STATE B. COU		nstitution: residence before odmission
FULL NAME OF HOSPITAL OR NSTITUTION	A DDRESS OR LOCA	AL OR INST	TUTION, GIVE STREET	c. CITY OR TOWN Baltimore	D. IN	SIDE CITY LIMITS? YES X NO
610	9 Marlora Rd.			E. STREET AND NUMBER 6109 Marlors	RA 21239	113 25 110
- SEX	6. RACE	7. MAPPIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
Male	Caucasian	WIDOWED	DIVORCED	13 April 07	lost birthday) 64	Months Doys Hours Min.
	working life, even if retired)		Store	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NA		Debc	· Drote	Maryland 14. MOTHER'S MAIDEN NA	A AA F	U.S.A.
	nrad Getz			Anna Ba		
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
no or unknown	(If yes, give wor or dote	s of service)	213-01-4011	Mrs. Laura C.	Getz,6109 M	arlora Rd. 21239
DISEASES OF THE UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost. IL FICANT CONDITIONS COLOR ITH BUT NOT RELATED TO TO	slaling lhe	(c)	a consequence of:	lva	nens
DISEASE OR C	ONDITION GIVEN IN PAR OPERATION 198, CON WAS PER	T 1 (A).		20A. AUTOPSY? (Yes or h	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
, OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medicol exominer		me, form, foctory, street, o	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	E. INJURY OCCURRED hile At Not While At Work	21F. HOW DID IN	NJURY OCCUR?	
that (1) (we)	F Palmiso	d alive an	12 ~ 20 (1) (We) (did) (did not) v	riew the body ofter death		inian deoth occurred an the doi 238. DATE SIGNED $2-15-72$
	oseph F. Palm MATION, 24B. DATE Specify)		MD GEGREE IAME of CEMETERY OF CR		LOCATION (C	City, town, or county) (State)
burial	17 Feb		reland Memoria	1 Park		ounty, Md.
FFR1	3 9977 (168.6	E. View	12 AND 17	O to A character	Amel Venez	Palto Ma 91906

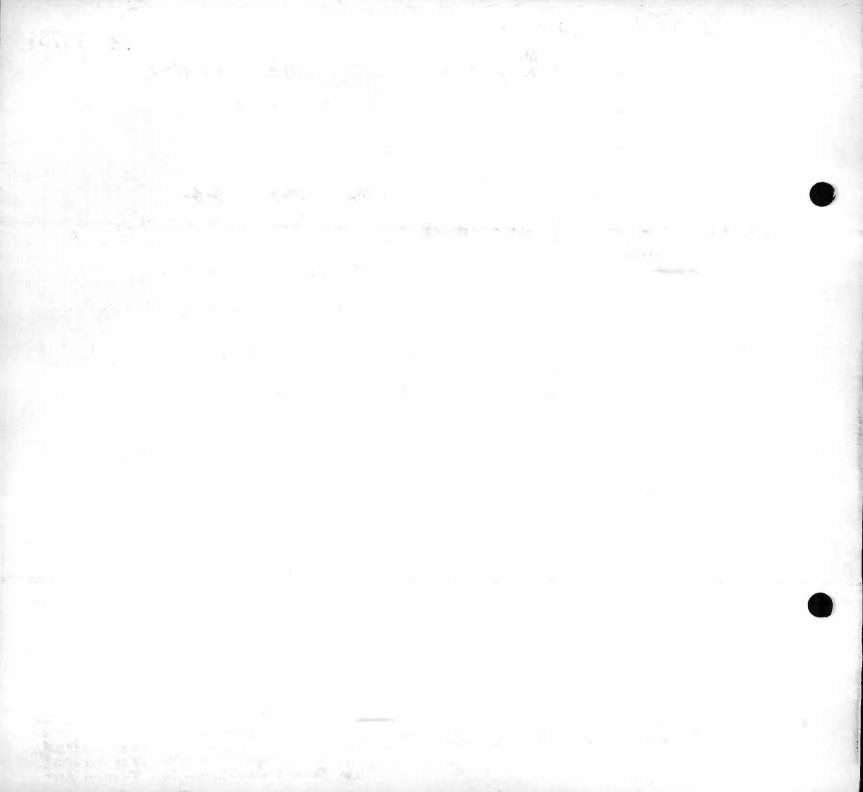
REMOVAL (Specify) Park Baltimore County, Md.

25C. FUNERAL DIRECTOR ADDRESS

Control Homes, Balto., Md. 21206 County, Moreland Memorial Park burial 17 Feb 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/6B



	100	BALTIMORE CITY	HEALTH DEPARTMENT		
	72 01	673 CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECEASED	070		D HOUR OF DEATH	72 016/3
li ci	ype or Print) Sarah M.	avace	1170	1	en 1
]]	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	e deceased fixed It incl	litution: residence before admission)
FHA	ULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	c. CITY OR TOWN	1 to	E CITY LIMITS?
1	U.S. Public Hent	th Service Hosp.	E. STREET AND NUMBER		YES NO
		/	307 E	315+ 5	+
5.	SEX 6. RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 His. Manths Doys Haurs Min.
<u> </u>	/- WIE	OWED DIVORCED	MAY 7 1949	22	Trouis Doys Trouis Min.
do	A. USUAL OCCUPATION (Give kind of work 10B.) ne during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	Housewife 0	WN HOME	N. J		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	V , A.
	July Durkoff		Sani	1000	
15.	Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	SARAL J	JONALWEON OC	ADDRESS
1	es, no or unknawn) (If yes, give wer ar dates of s	ervice) SECURITY NO.			
-	18 10 0	CAUSE OF DEATH	INCERSOLL FUNI	ERAL HIME,	Wildwood, N.J.
	DISEASE OR CONDITION DIRECTLY				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		R	+	+ -
	(This does not mean the mode of dying	(A) IMMEDIATE CAUS	CONSEQUENCE OF	Lory arres	7) mes
	hearl foilure, asthenio, etc. It means the dinjury or complication which coused death.	150050,			
	ANTECEDENT CAUSES		seminated	carcinoma	
	DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS A	CONSEQUENCE OF:	*******************************	
	rise to the obove couse (A) stolin UNDERLYING CONDITION tost.	g me			
	The state of the s	(c)		***************************************	
N	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	AINAL			
RTIFIC	19A-DATE OF OPERATION 19R CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yas or No)	208 IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axamines)	218. PLACE OF INJURY (e.g., in home, form, factory, streat, officete.)	or about 21C. WHERE DID	(If In Boltimore C	City, give exact location)
ED	21D. TIME (Month) (Doy) (Year) (Hou	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
3	OF INJURY (APPROX.)	While At Not While		,	
	22 1	Wark L At Wark			
	22. I certify that (1) (this haspital) attention (1) (we) lost sow the decree of the			97/10	et 11 1972
	that (I) (we) last saw the deceased offy		19and tha	t in (my) (our) opinio	on death accurred an the dote
	ond haur and fram the causes stated obc 23A. SIGNATURE	ove. (I) (We) (did) (did nat) vie	w the body ofter deoth.		
	02 10 01	MA A MAIN		TO-U	BE DATE SIGNED
	& Wonald &	Struck OF REE Phys.	ding Med. Director F	hys.	
	23 C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS		
		DEGREE			
244	REMOVAL (Specily)	24C. NAME of CEMETERY OF SALA	MATORY 24D. LO	CATION (City,	tawn, ar caunty) (State)
	BURIAL 2-15-72	St. MARY'S CEMA	Ver. 010		1 7
25 <i>A</i>	DATE REC'D BY HEALTH DEPT. 258. N	AMA OF REGISTRAR	25C. FUNERAL DIRECTOR	lspaine	ADDRESS 0
	FEB16 1972 Walled C. 4	MAN NO DO	Win Cook 3220	ke Tauren V	1050 YOLK R.S.
VS	150-REV. 1/1/6B		LOCKEL - GAD G KNS O KNEO	TOWSON INC	. TOWSON Mel.



S 22 BALTIMORE CIT	Y HEALTH DEPARTMENT
	ATE OF DEATH REG. NO. 72 01674
1. NAME OF DECEASED (Type or Print) MORTON STADO	2. DATE AND HOUR OF DEATH 2 / 12 / 72 952 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence belove admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 283/
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
SINAI HOSPITAL	BALTIMORE YES NO
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. 11 Under 24 Mrs.
MALE WHITE WIDOWED DIVORCED	3-14-17 lost birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refleed)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
SUPERVISOR FOOD FAIR STORES	BALTIMORE, MARYLAND USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
JOSEPH STABD	JENNIE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of Service) SECURITY NO.	17. INFORMANT ADDRESS
NO 212-03-3375	MRS. HELEN STADD, 4271 LABYRINTH ROAD #21215
18. /// 91 CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	My ocardial befarcles SETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	JSE /
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	200
	A CONSEQUENCE OF:
rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	L re
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	入 ア
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 218 PLACE OF INJURY (e.g., indeed, or contribution of colory, street, or ctc.)	n or about 21C. WHERE DID (If in Baltimore City, give exact location) fice bidg., INJURY OCCUR?
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX) While At Not While	
22. I certify that (I) (this hospital) attended the deceased from	Feb 12 1972 to Feb 12 1972
that (1) (we) last sow the deceased alive on	19 72 and that in (my) (over) opinion death occurred on the date
ond hour and from the causes stated above. (1) (We) (did) (did not) v	
23A. SIGNATURE	23B DATE SIGNED
Lapuel Jein Degree Phys	nding Med. Stoff Director Phys. 2/12/72
NAME (Type) MANUEL LEVIN IND	6101 PARIE HOTS FUE BATTO MO-15
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 2-14-72 HEBREW YOUNG MEN	BALTIMORE, MARYLAND
FEB 1 6 1972 Company C	25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/68	

1 W. LAN

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AND TELEVISION OF THE TANK TANK TOND ASSESSED.

CARACTE 2-21-12 NORMAN VOLUME CONT. CONT.

THE RESTRICT OF THE RESTRICT O

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

STOR CAYES COUNTY HIND, J. APT. I.

TO ME TO SEE THE

BALTHUR, BUCLERS.

MANAGE THREE PARTY AND ADDRESS OF THE PARTY AN

CAMPAGEMENT OF THE WHITE, 5006 CRESS DESCRIPTION

TARTY A HOUSE AVENUE

THE PROPERTY OF THE PARTY OF TH

BATAL 2-13-77 ASSET BRIDGE

THE THE PARTY OF THE PARTY OF

THE PARTY OF THE P

	F-255 72 01676 BALTIMORE CIT	TY HEALTH DEPARTMENT
the	BIRTH NO.	ATE OF DEATH REG. NO. 72 01676
5	Type or Print EISMAN, LEON	2. DATE AND HOUR OF DEATH
death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A, STATE B, COUNTY
•	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
r attend prior to	2 SINAI HOSPIFAL	BALTIMORE YES NO
5 T	5. SEX 6. RACE 17. MARRIED PAIRLES MARRIED	2422 W. COCDSPRING LA.
regul eased is ma	MALE WIDOWED DIVORCED	8. DATE OF BIRTH 9 125 13 9. AGE (In years Months Doys Hours Min.
ece on i	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	
was in	SHIPPING MANAGER UNBRELLA M FG.	BALTIMORE, MARYLAND U.S.A.
N	NATHAN EISMAN	BESSIE ?
dear re o	15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (Iff yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT MRS. SARAH EISMAN,
C 12	NO 212-14-8416 [18. // 7 7] CAUSE OF DEA:	2422 W. COLD SPRING LANE #21215
nounced attenda Imed or	DISEASE OR CONDITION DIRECTLY CARRIED DEC	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
att	(A) IMMEDIATE CA (This does not mean the mode of dying, e.g., (A) DUE TO DE AS	USE A CONSEQUENCE OF:
ar ba	heart laiture, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
9 20	ANTECEDENT CAUSES FAILURE	LIVED'S CLEONORS
Kh are	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR A	S A CONSEQUENCE OF:
	rise to the above cause IA) sloting the UNDERLYING CONDITION last. (C)	
physician an was ii remains	z II	
cian he re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	***************************************
the l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING! 121B. PLACE OF INJURY (C.C.)	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
where the physician No physician was ii d before the remains	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (II In Boltimore City, give exact facation)
3 0	21D.TIME (Month) (Doyl (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not Whi	21F. HOW DID INJURY OCCUR?
nd nd	Work L Al Work	72 668 10 22
hospital (except o death); and (6 I must be obtaine	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on FEB (0)	17 17
death); must be	and hour and fram the causes stated obave. (1) (We) (did) (did nat)	- International Court of the Co
dec	23A. SIGNATURE	23B DATE SIGNED
a ho	Digner Phy	
A. at a prior t	23C. PHYSICIAN'S NAME (Type) R. PINFO	23D. ADDRESS NAI HOSP: TAL
d d	24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, lown, or county) (Slote)
D.C.	BURIAL 2-11-72 POSVOHLER FRIENI	
was D.O.A. at a h deceased prior to written approval	FEB 18 1972 COLOR & NAME OF REGISTRAR	SQL LEVINSON & BROS.,6010 REISTERSTOWN ROAD
- 1	VC 150-9EV. 1/1/68	

CONTRACT THE TRACE OF STREET, TIZ-14-MIN NO. SAN WOLD BEING THE TELEVISION OF THE PROPERTY O

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a hospital and

H-260 72 01	677 CERTIFICA	TE OF DEATH	REG. NO	72 01677
PRTH NO. I. NAME OF DECEASED (Type or Print) JESSE BLAINE		2. DATE AN	D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN		SIDE CITY LIMITS?
3 BALTIMORE CITY HO	SPITALS	Baltimore E. STREET AND NUMBER 3240 Fait Ave.		YES XX NO
5. SEX 6. RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
male caucasian widow		2/4/1893	lost birthdoy) 79	Monins Doys Hours Min.
(OA. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working tife, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY
	n n	W. Va.		USA
Ret. Insurance salesma	3101	14. MOTHER'S MAIDEN NA	ΛE	10011
Johnathan Hiser	•	Mary Jan	e Landis	. nother
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		B Miss Eileen	Hiser sa	me
18. 4/ / 0. 0	CAUSE OF DEAT	H /	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Corner	- Thrombe	ul	BETWEEN GROET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE		16-
(This daes not mean the made al dying, of heart lailure, asthenia, etc. It means the disea	DUF TO OR AS	A CONSEQUENCE OF:		
injury ar camplication which caused death.)		. 0 .		
ANTECEDENT CAUSES	(B)	isselengi	<u></u>	
DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating	mg	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	••••••		
_				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN		Renna		11-
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).		************		
198. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C WHERE DID	III la Paltima	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(It in boiling	re City, give exoct locotion)
	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At At Work			
(APPROX.)	**************************************		2. 1	
(APPROX.)	od the deceased from	1117.	1050 4- 1	- /3 10 ZX
22. I certify that (I) (this haspital) attended			1950 to 2	
(APPROX.)	an / -/6	19 <u>72</u> and th		
22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive of	an / -/6	19 <u>72</u> and th		
(APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above	an	19 7 2 and the riew the bady after death.		inian death accurred an the date
22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above 234-STONATURE 236-PHYSICIAN'S	e. (1) (We) (did) (did nat) v	19 7 2 and the riew the bady after death.	at in(my) (aur) ap	inian death accurred an the date
(APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above 23ArSTONATURE A. J. J.	e. (1) (We) (did) (did nat) v	nding Med. Director Director	at In(my) (aur) ap Shaff Phys.	238, DATE SIGNED 2 -14-72

rial 2/17
rec'd by Health Dept.
16 1972 VS 150-REV. 1/1/68

Burial

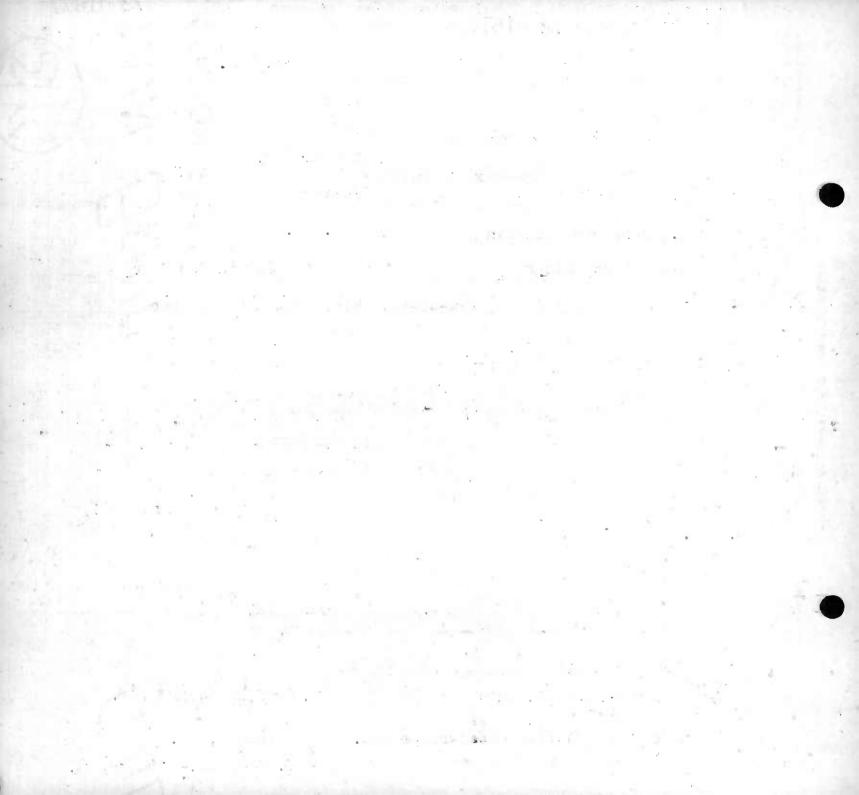
Leonard J.

Dorsey,

Md.

72 Meadowridge Mem.
258 NAME OF REGISTRAR 25

ADDRESS Ruck, Inc.-Baltimore, Md.



1 1 1 1			BALTIMORE CITY	HEALTH DEPARTMENT		ma 01678
1-100	72	01678	CERTIFICA	TE OF DEATH	REG. NO	72 01678
BIRTH NO.		03.0.0			ND HOUR OF DEAT	
1. NAME OF DECE (Type or Print)			T T THE			
	MARY	M	LUPI		13, 1972	3 17- M
FULL NAME OF	MORE MARYLAND,			A. STATE B. COU		institution: residence before admission
HOSPITAL OR	ADDRESS OR LO	CATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
INSTITUTION	3812 White	Avenue		Baltimore		YESTON NO
00)U12 WILL 00	MACHINO		E. STREET AND NUMBER		110
00				3812 White Av	A .	
				1		
	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
female	caucasian	WIDOWED	DIVORCED	July 26.1883	1 4 4	
MA, USUAL OCCU	PATION (Give kind of w	ork 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
done during most of w	vorking life, even il retire	d)				VI O A
House	wife			Lithuania		U.S.A.
3. FATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	ME	
2		Macea	nducas	Un	nknown	
					1101111	
	Ever in U. S. Armed (If yes, give war ar d		SEGURITY NO.	17. INFORMANT		ADDRESS
No	, , ,		218-01-011	2A Donato Li	ıpi	Same
O THER SIGNIFIT TO THE DEATH DISEASE OR CO	R CONDITIONS, is obove couse (A CONDITION lost. CANT CONDITIONS (A BUT NOT RELATED TO DIVIDITION GIVEN IN POPERATION 198. CO	CONTRIBUTING THE TERMINAL ART 1 (A).	(c) by posts	A CONSEQUENCE OF:	Deun's	E FINDINGS CONSIDERED AUSES OF DEATH?
E	WAS P	ERFORMED			IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF	21 B hom etc.	ne, form, lactory, street, o	n or obout 21C. WHERE DID	(II in Boltim	ore City, give exact lacotion)
21D. TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S OF INJURY			ile At Not Whil			
(APPROX.)		Wo				. 2 - 3
22. I certify	that (1) (this haspi	tal) attended t	he deceased from A	1 9.60	19 to 2	- 12 19/2
	last saw the deced		0 10	10 72	1 1 - () ()	-1-1 111 -1 -1 -1
						pinian death accurred an the dat
and haur and	from the causes s	tated abave. (l) (We) (did) (dld nat) v	riew the bady after death	•	
23A. SIGNATU	fely	Yell	DEGREE Phy		Staff Phys.	23B. DATE SIGNED 14 /72
23C. PHYSICIAN NAME (Ty	ne)	tian Russ	0	23D. Address 5017 Harf	ord Road, H	Balto, Md.
24A. BURIAL CREA		24C. N	AME OF CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)
REMOVAL (S	pecify)	172 1	Ialas Dadaama	m D	altimore,	
Burial	2/16		Holy Redeeme			
FEB16	1972 Page	Ann an	PARA COLO	Leonard, J. F		Balto, Md.
VS 150-REV, 1/1/6	8			1 4 7 9		

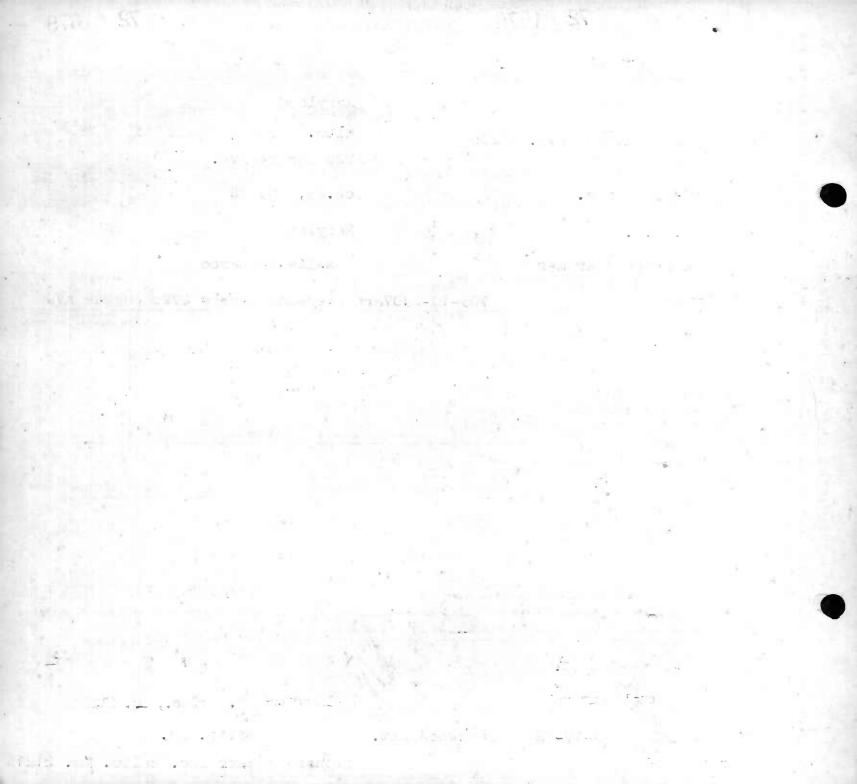
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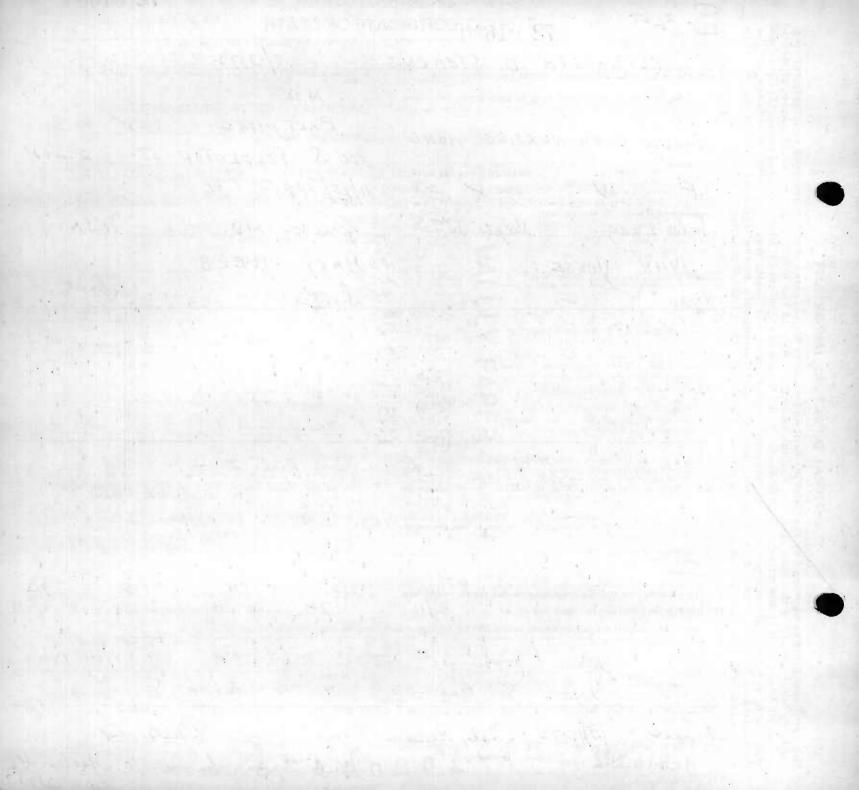
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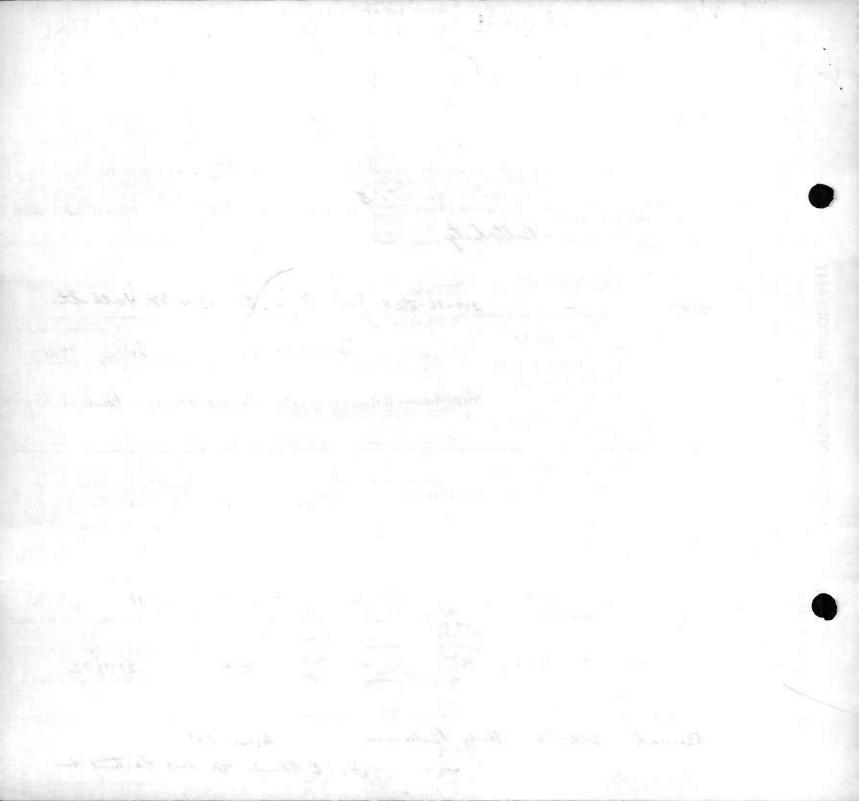
FUNERAL DIRECTOR: IMPORTANT e approved by the chief medical examiner or his assistant if death occ
E

1. I (Ty	pe or Print)	CHARLES	KRAMER			AND HOUR OF DEAT	
3.		MORE MARYLAND, W		NCED DEAD		here deceased lived. II	f institution: residence before
FLHIN	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET	Maryland c. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
	4726	Eugene Av	re. 2120	06	Balto. E. STREET AND NUMBER 4726 Euger		YES V NO
5.	SEX	5. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Und
10,	Male	Cauc.	WIDOWED	DIVORCED [Oct.29, 188	lost birthday) 3 88 oreign country)	Months Doys Hours
do		orking life, even il retired)			Maryland		USA
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN	IAME	
		es H Krame			Amelia H	Bernasce	
1 S.	Wos Deceased s, no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or dot		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				705-10-6307	Mrs Florence	e Meyers 4	726 Eugene A
	heart failure, o	I mean the made af isthenia, etc. It means dication which caused NTECEDENT CAUSES	s the disease, d death.)	(B)	A CONSEQUENCE OF:		
FICATION	hearl failure, cinjury ar camp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CC	ISINENIA, etc. II means dication which causes NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	s the disease, d death.) S ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(B)	O3L .		RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFICATION	hearl failure, of injury or comp A DISEASES OF THE CONTROL OF TH	Isthenia, etc. It means lication which causes NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. CANTICONDITIONS CO. IS BUT NOT RELATED TO NOT NOT RELATED TO NOT NOT SELATED TO NOT SELATE	s the disease, d death.) S ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED	(B)	S A CONSEQUENCE OF:	No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	hearl failure, cinjury ar camp A DISEASES Of tise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBUTE DEATH (notify)	ISINENIA, etc. II means dication which causes NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	s the disease, d death.) S ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED	(B)	S A CONSEQUENCE OF:	No) 20B. IF YES, WEI	
CERTIFIC	hearl failure, cinjury ar camp A DISEASES OF THE CONTROL OF THE	ISINENIA, elc. II means ilication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. CANT CONDITION SCO. BUT NOT RELATED TO DONDITION GIVEN IN PARA OPERATION 1998. CON WAS PER T WAS UNDERLYING CAUSE OF	ony, giving slating the DNTRIBUTING THE TERMINAL RT 1 (A). 1 (Hour) 21E. White the description of the terminal control of the	(B)	in or obout 21C. WHERE DIE office bidg., INJURY OCCUR	No) 20B. IF YES, WEI	
CAL CERTIFIC	hearl failure, cinjury ar camp A DISEASES OF THE CONTROL OF THE DEATH TO THE DEATH TO THE DEATH DISEASE OR CO. 21 A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.)	ISTREMENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. I CANT CONDITION S CO. BUT NOT RELATED TO WAS PER TIME TO WAS PER TIME TO THE CAUSE OF medical examiner)	ony, giving slaling like ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 21B. hometc.) (Hour) 21E. Whi War	(B)	in or obout 21C. WHERE DIE office bidg., INJURY OCCUR	No) 20B. IF YES, WEI IN CERTIFYING (If in Boltin)	more City, give exact location)
CAL CERTIFIC	hearl failure, cinjury ar camp A DISEASES OF THE UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBUT DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. 1 certify	Ishenia, etc. It means ilication which causes NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. CANT CONDITION S CO. I BUT NOT RELATED TO TONDITION GIVEN IN PAIOPERATION 1988. COM WAS PER T WAS UNDERLYING CAUSE OF medical examiner) (Month) (Day) (Year)	ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR VERFORMED 21E. Whi Wor	(B)	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DIE office bldg., INJURY OCCUR	No) 20B. IF YES, WEI IN CERTIFYING () (If in Boltin) (III in B	more City, give exact location)
CAL CERTIFIC	DISEASES OF THE DISEASE OF THE DEATH DISEASE OF THE DEATH DISEASE OF CO. 21 A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.)	Ishenia, etc. II means ilication which causes NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. CANT CONDITION S COLON CONDITION S COLON CONDITION S COLON CO	s the disease, d death.) Sony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VEFORMED 21B. hom etc.) (Hour) 21E. Whi War	WHICH OPERATION PLACE OF INJURY (e.g., e, form, factory, street, le At Month at Work and deceased fram	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DIE office bldg., INJURY OCCUR	No) 20B. IF YES, WEI IN CERTIFYING (If in Boltin) (more City, give exact location)
CAL CERTIFIC	DISEASES OF THE DISEASE OF THE DEATH DISEASE OF THE DEATH DISEASE OF CO. 21 A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.)	Isthenia, etc. It means istance in the cause of the cause	s the disease, d death.) Sony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VEFORMED 21B. hom etc.) (Hour) 21E. Whi War	VHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, le At Work A	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DIE office bldg., INJURY OCCUR	No) 20B. IF YES, WEI IN CERTIFYING (If in Boltin) (more City, give exact location)
CAL CERTIFIC	DISEASES OF THE NUMBER OF INJURY (APPROX.) 21A. ACCIDEN OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (22. I cert	Isthenia, etc. It means it colian which causes the course of the course	s the disease, d death.) Sony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VEFORMED 21B. hom etc.) (Hour) 21E. Whi War	VHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, le At Work A	in or obout 21C. WHERE DIE office bldg., INJURY OCCUR	No) 20B. IF YES, WEI IN CERTIFYING (If in Boltin) (more City, give exact location)
CAL CERTIFIC	hearl failure, cinjury ar camp A DISEASES Of the UNDERLYING OTHER SIGNIFIT TO THE DEATH- DISEASE OR CO. 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBUTION DEATH (nosity) 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (was and haur and and haur and and and the city) 23C. PHYSICIAL NAME (Ty)	Isthenia, etc. It means it colian which causes the course of the course	s the disease, d death.) Sony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VEFORMED 21B. hom etc.) (Hour) 21E. Whi War	VHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, Not What At Work At	in or obout 21C. WHERE DIE office bldg., INJURY OCCUR 21F. HOW DID ite When budy after dea wending Med. Director 22D. ADDRESS	No) 20B. IF YES, WEI IN CERTIFYING (If in Boltin) (apinian death accurred a
MEDICAL CERTIFIC	hearl failure, cinjury ar camp A DISEASES OF CONTROL OF THE DEATH DISEASE OF CO. 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBUT DEATH (notify) (APPROX.) 22. I certify that (I) (22) and haur and 23 A. SIGNATUI 23 C. PHYSICIAL NAME (Ty DOX	Isthenia, etc. II means ilication which causes to the course of the cour	s the disease, d death.) Sony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED 21B. Whi War at 1) attended the dalive an acted above. (1	PLACE OF INJURY (e.g., form, factory, street, form, factory, street, form) INJURY OCCURRED Le At Not What Not What Not Work At Work Not What Not What Not What Not Work At Work DEGREE Ph	in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID view the bady after dea tending Med. 23D. ADDRESS 7403 Harfor	No) 20B. IF YES, WEI IN CERTIFYING (If in Boltin) (apinian death accurred a 23B. DATE SIGNED 23B. DATE SIGNED (City, town, or county)





7	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO.	01681 CERTIFICA	ATE OF DEATH REG.	No. 72-01681
1, NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF	DEATH
William Jus		February 11	1972 8115 AM
3. PLACE IN BALTIMORE MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decebsed li	ved. Il institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET		BAItO City 1348
FULL NAME OF HOSPITAL OR ADDRESS OR LOCAT	ION)	C.CITY OR TOWN	D. INSIDE CITY LIMITS?
The UNION Memori	n1 Handal	BAITIMORE	YES NO
	HI MOSPITAL	E. STREET AND NUMBER	
		1314 W, 40th St.	
5. SEX 6. RACE 7	MARRIED NEVER MARRIED		
MALE white	WIDOWED DIVORCED	5/24/02 1.9	Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work)	OB, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	B. It. 1 4		
3. FATHER'S NAME	sow will	MACHIAND	U.S
		THE MICHAEL S MINIDEN NAME	
William Justice		MARY CORE	
5. Was Doceased Ever in U. S. Armed Ferce Yes, no or unknown) (If yes, give war or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no -	219-16-8968	John J. Justice 13.	14 W. 40th St.
18. 44/.():	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRE	CTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA	USE Dissecting aneurys	m of ante. 7dois
(This does not mean the mode of dheart failure, asthenia, etc. It means the	VINC. C.C. DUETO OR A	A CONSEQUENCE OF:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
injury or complication which caused d	eath.)		
ANTECEDENT CAUSES	Hypertensine a	To income it: Candina	escular Descase, 15 year
DISEASES OR CONDITIONS, if an		S A CONSEQUENCE OF:	The action because, If
rise to the above cause (A) s	lating the		
UNDERLYING CONDITION last.	(c)		
11			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE	TERMINAL		
¶ IDISEASE OR CONDITION GIVEN IN PART 1	(A)		
19A-DATE OF OPERATION 19B. CONDI- WAS PERFO	RMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES. IN CERTIFY!	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
M 21A ACCIDENT WAS UNDERLYING	lose of the		
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21 C. WHERE DID (If in office bldg., INJURY OCCUR?	Boltimore City, give exect location)
DEATH (notify medical examined)	elc.)		
OF INJURY (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work At Work	ie [
22. I certify that (1) (this hospital)		0/2	3 1 11 - 73
	7/1		2/11 1972
that (1) (we) last saw the deceased		19ond that In(my) (a	or) opinion death accurred on the dote
ond have and from the causes stated	dabove. (I) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE	11 100		23 B. DATE SIGNED
Unne L. Le.		ending Med. Staff Phys.	2/11/72
23C. PHYSICIAN'S	DEGREE "	23D. ADDRESS	
NAME (Typel			
44. BURIAL CREMATION, 248. DATE	DEGREE		
REMOVAL (Specily)	24C. NAME of CEMETERY OF CH		(City, town, or county) (State)
Berral 2-14-72	Tholy Nudsem	er Belair Re	
25A. DATE REC'D BY HEALTH DEPT.	B. NAME OF REGISTRAR		3415 Chesture Live.
FFB16 1972 Maga	E. While M. J. C. C.	Bul & Chindwell	3613 Chichurd Tell.
/S 150-REV. 1/1/68			



24C. NAME of CEMETERY or CREMATORY

23BFNAME OF REGISTR

24D, LOCATION

25C. FUNERAL DIRECTOR

(State)

(City, tawn, ar county)

24A. BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV, 1/1/68

24B. DATE

Checols, Stars and a SINAN T OF SERVE

A-420 72,01683 BALTIMORE CITY HE	79 11502
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	2. DATE Knawn Manth Doy Yeor Hour
(Type or Print) Wilmer Alisea	OF DEATH Estimated 2 11 72
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF	PRONOUNCED DEAD 2 11 72 9:16 a. M
Union Memorial Hospital	A. STATE B. COUNTY 3 0 7
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male White WIDOWED DIVORCED	Balto. YES 🗶 NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Scpt 18, 1911	E. STREET AND NUMBER
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR's done during most of working life, ever iteratived)	Y 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	mus. Edna Rober 13 53 W. 42 and St
CAUSE OF DEA	TH APPROXIMATE INTERVAL
E O S O K	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Craniocerebral injuries
(This does not mean the mode of dylng, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes
UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY 2 11 72 11nk WHILE AT NOT	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) in JURY OCCUR? 1026 W. 38th Street 22F. How DID INJURY OCCUR? Subject allegedly fell down steps.
(APPROX.) Z II /Z UIIK WORK AT V	VORK [2]
resulted from: Natural causes Accident XXX Suicident ACTUAL SIGNATURE ACTU	Deputy _{CHIEF} MEDICAL EXAMINER XXXX DATE SIGNED ASSISTANT MEDICAL EXAMINER 2 / 11 / 72
EXAMINER'S Werner U. Spit, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ASSOCIATE MEDICAL EXAMINER
Bural 2/14/72 St. man	ys's Walls, my
FEB 1 8 1972 PLACE 258. MAMB OF REGISTRAR	25C. FUNERAL DIRECTOR 23 JADRESS A 10
VS 151-REV, 1/1/68	

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Serve of the contract of the c

Water Street

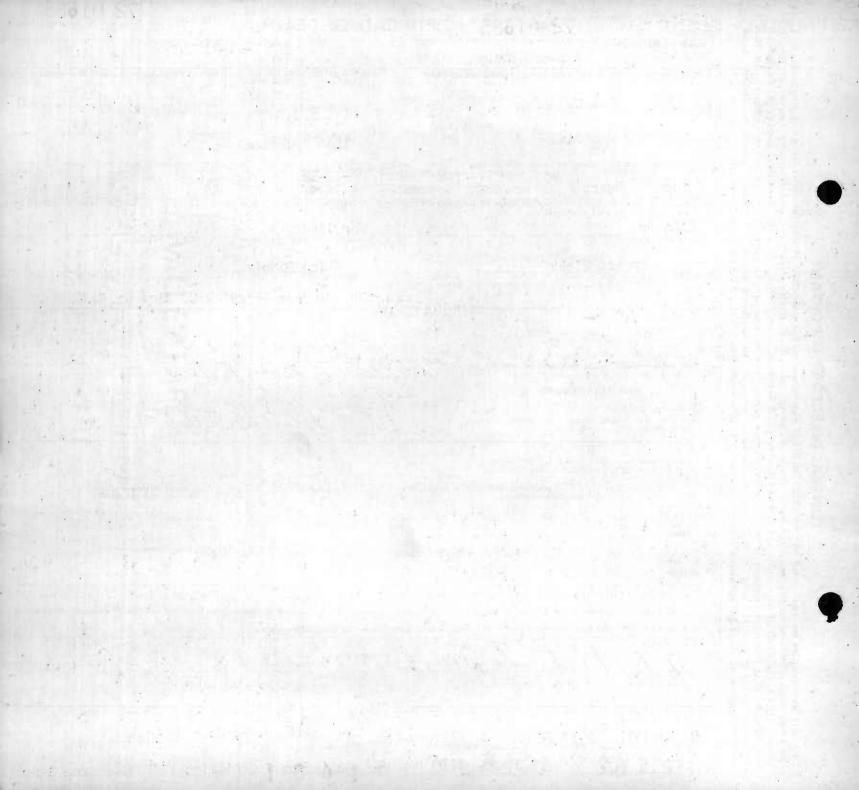
equipe that the s

7

J-5/2 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
1. NAME OF DECEASED R, (Type or Print) Carrie Daniels	2. DATE Known Month Doy Yeor Hour OF Estimated 2 13 72
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated 2 13 72 M. 3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 2 13 72 1:40 a. M.
Lutheran Hospital	S. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female Negro widowed □ DIVORCED □	Balto. YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 60	E. STREET AND NUMBER 1936 Ridge Hill Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
South Carolina WHAT COUNTRY?	Isreal Eaddie
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY dane during most of warking life, even if retired)	
Housewife	Lola Mills
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war or dotes of service) No 218-58-7215	Mr. John Daniels Same
19 CAUSE OF DEA	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No.)
	no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	in or obout 22C, WHERE DID (If in Baltimore City, give exoct locotion) ebldg., etc.)
22D. TIME (Month) (Day) (Yeor) (Haur) 22E.1NJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WORK AT W	22F. HOW DID INJURY OCCUR? WHILE
ACTUAL Notural couses Accident Suicid	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M. D.	ASSOCIATE MEDICAL EXAMINER 2/13/72
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2-17-72 Mt. Clavery C	em. A. A. Co., Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 151-REV. 1/1/68	Arlington S. Phillips 1727 N. Monroe Stre

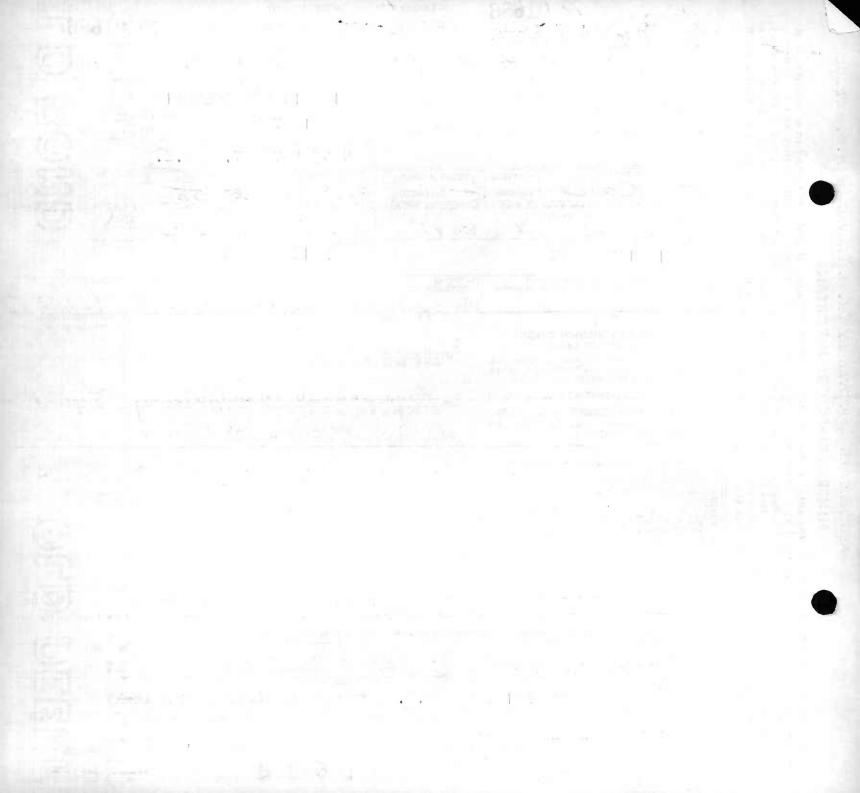
interest water days dyriac paralysis of a case of the manage of the gun

Eallho			BALTIMORE CITY	HEALTH DEP	ARTMENT		72	0168	5
E 920	72	01685	CERTIFICA	TE OF D	EATH	REG. NO	174	0100	
BIRTH NO.		7.000				ID-HOUS OF DEAT	u		
(Type or Print)		od Elzey	-			DHOUN OF DEATH	1	4:30	P
3. PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RES	IDENCE (When	re deceased lived. If	in stitution: resid	ence befare a	odmis sian)
FULL NAME OF HOSPITAL OR			JTION, GIVE STREET					90	5
INSTITUTION	ADDRESS OR LOCA	A IION/		Baltim	WN	D. IN	YES TO		
DO Mer	cy Hospital						YES [NO	
	e, nooptoar			11446'V	Promeste:	ad St.	1114		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DONTE OF BU	₽₹H	9. AGE (In, years	If Under 1 Months: Do	Yr. If Unde	r 24 Hrs Min.
M ale	Negro	WIDOWEDX	X DIVORCED	6-16-1		55			
	UPATION (Give kind of wark warking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or forei	ign country)	12. CITIZEN	OF WHAT	COUNTR
Laborer		, ,		Manulan	٨		USA		
3. FATHER'S NA				Marylan 14. MOTHER'S		ME	00/1		
E	rnest Elzey		19 4 00	Alic	e Dennis	S			
(Yes, no or unknown	Ever in U. S. Armed For (If yes, give war ar date	ces? is of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	T		Al	DDRESS	
no			216-12-1335	Mr. Gar	dner El:	zey405 W. 2	23rd St.	N.Y.	
18. 4	1 14-15	5 1	CAUSE OF DEAT				A	PPROXIMATE IN	TERVAL
DISEAS	SE OR CONDITION DI	RECTLY				1	BEI	WEEN ONSET A	ND GEAT
0.62	LEADING TO DEATH		(A) IMMEDIATE CAL	SE Mus	sure,	hemorphe	rece !		
(This does n	not mean the made of asthenia, etc. It means	dying, e.g.,		A CONSEQUENC	E OF		1		
	plication which caused		ascil	te +	lives	factur	/		
	ANTECEDENT CAUSES		0000	. 11 - 11	+	0			
DISEASES	OR CONDITIONS, if	ony giving	(B) DUE TO, OR AS	A CONSEQUEN	ICE OF:				
	e above couse (A)		11.1	1 /	me VA	Gratorell.	, carci		
UNDERLYING	G CONDITION lost.		(c) accorded	u www		gran acrony	V 7)	nes	
	II,							7	
OTHER SIGNIF	FICANT CONDITIONS CO	NTRIBUTING							
	ONDITION GIVEN IN PAR	T 1 (A).							
19A. DATE OF	OPERATION 198. CON		VHICH OPERATION	20A. AUTOF	SY? (Yes ar Na	IN CERTIFYING C	E FINDINGS CO AUSES OF DEA	ATH?	
214 A CCIDE	T WAS INDEDIVING	7 1010	NACE OF INTERVAL		WILLIAM DID	1			
OR CONTRIBL	NT WAS UNDERLYING TITING CAUSE OF	ham etc.)	PLACE OF INJURY (e.g., i e, tarm, factory, street, of	fice bldg., INJUI	RY OCCUR?	(It in Bottim	are City, give e	xoct locotion)	
U	medical examiner)								
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		HOM DID INT	URY OCCUR?			
(APPROX)		Whi	le At Not While At Wark	e 🗌					
22. L certify	that (1) (this bosnital) attended th	ne deceased from			19to		10)
			16 46664364 110111	19					
	last saw the decease					at in (my) (aur) a	pinion death (accurred on	the do
		ted above. (I) (We) (did) (did not) v	iew the body	after death.				
23A. SIGNATI	P 0 +	- /	1/ 0	_din		SA-H CO	23B. DATE	IGNED	
17.1	· Dun	un	Phy	nding 🗌	Med. Director	Staff Phys.	412/	72	
23C. PHYSICIA		/		23D. ADDRESS	100		1		
		4 + + 0							
24A. BURIAL CRE		24C.NA	GEGREE AME at CEMETERY of CRI	MATORY	24D, L	OCATION (City, town, or c	ounty)	(State)
REMOVAL (Specify)								
K Buri	al 2-17-72	Mt	. Clavery Cem	lose Files		A. Co., Ma	ryland	ADDRESS	
ZOA. DATE REC'D	BY HEALTH DEPT.	C . Z . A	PE KEGISTKAK	25C. FUNE	RAL DIRECTOR			ADDRESS	
FEBL		C. Walk	A CALL OF THE PARTY OF	JAr Man	gtpn S.	Phillips 1	727 N. N	Monroe !	Stree
/S 150-REV. 1/1/	68			-	9				



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
FUNERAL DIRE	d by the chief medical excospital by a medical excospure; (2) Body burns; (3) I where the physician w (6) No physician was in red before the remains ar	
	this certificate must be approved the body was released to the fibows: (1) An accident of any nas D.O.A. at a hospital (excedencesed prior to death); and written approval must be obtain	

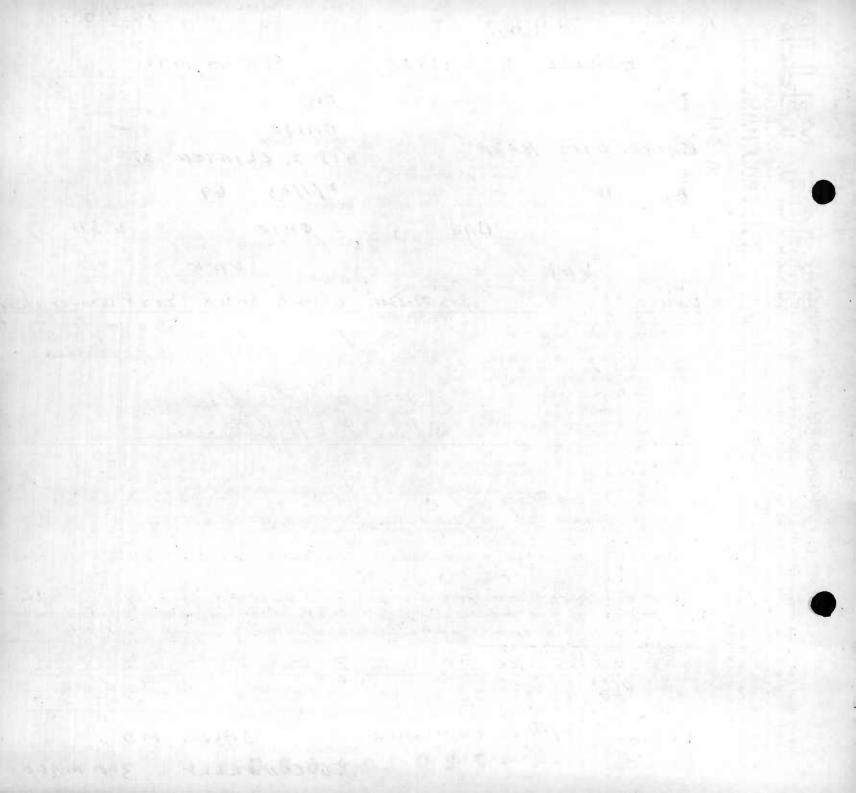
72 01686 BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. MAYD ROSE CERTIFICA	TE OF DEATH REG. NO. 72 01686
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2-10-72 17:00 P M.
WITHOUT MAKE AND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	DISTRICT OF COLUMBIA C. CITY OR TOWN D. INSIDE CITY LIMITS?
Johns Hopkins Hospital	WASHINGTON YES NO
33	1816 " T" ST. S.E.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr., if Under 24 Hrs., Manths; Days Hours; Min.
Care WIDOWED DIVORCED	2/18/13 58
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working Bie, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Betired U.S. GOYT	WAShington DC
WILLIAM WARD	EMM LE SANDS
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) Ilf yes, give wor or dotes of service SECURITY NO.	B 1 A 4 332-Kingsman De
18, = 9.4 CAUSE OF DEATH	CAROLYN A. Llurgamus Newart hours Va
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	
I REGIT KITUTU. DISINGNO. GIC. II MAGIIS MA DISEGRA	Den heart Surgery for
injury of complication which caveled leaths army of	Ten recent sur sory for
(B) 1000	A CONSEQUENCE OF
rise to the above cause A Milling the	De Maio
UNDERLYING CONDITION lost. (C) 1 WATES	1 Tucus pic Volveausene
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Section of the second of the second
19A-DATE OF OPERATION 119B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED ZIA. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING	100 //0
OR CONTRIBUTING CAUSE OF home, form, foctory, street, off	in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) lindury occur?
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
While At Not While	
22. I certify that (I) (*his hospital) ottended the deceosed from	
that (i) (was) lost sow the deceased alive on 2-72	2-7 1972 10 2-10 1972
and hour and from the causes stated above. (I) (We) (did) (did not) vi	
23A. SIGNATURE	238 DATE SIGNED
	nding Med. C Staff 2 2 10 32
DEGREE!	3D. ADDRESS
HUGH ROBINSON M.D.	The Johns Hopkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	
Burial 2-15-72 Arlington Nat	ionah Arlington, Virginia
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 UNERAL DIRECTORY WOOD DC ADDRESS
FEB 17 1972 0494 8 3 3 6 4 2 0 0 0	Simmons Bros 1661-Good Hope Rd SE
VS 150-REV. 1/1/68	



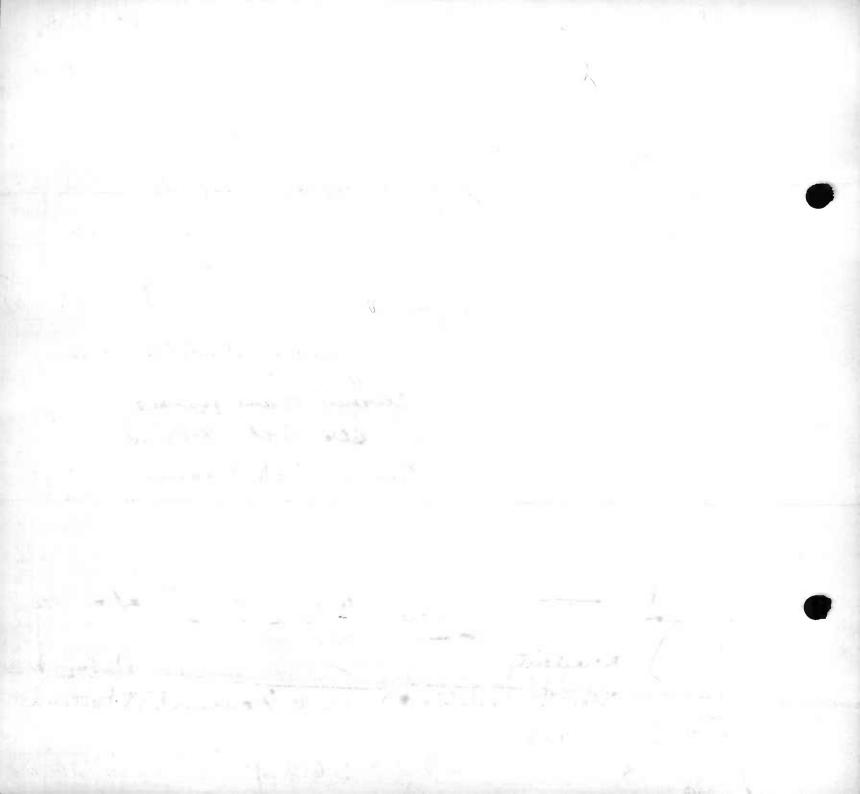
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



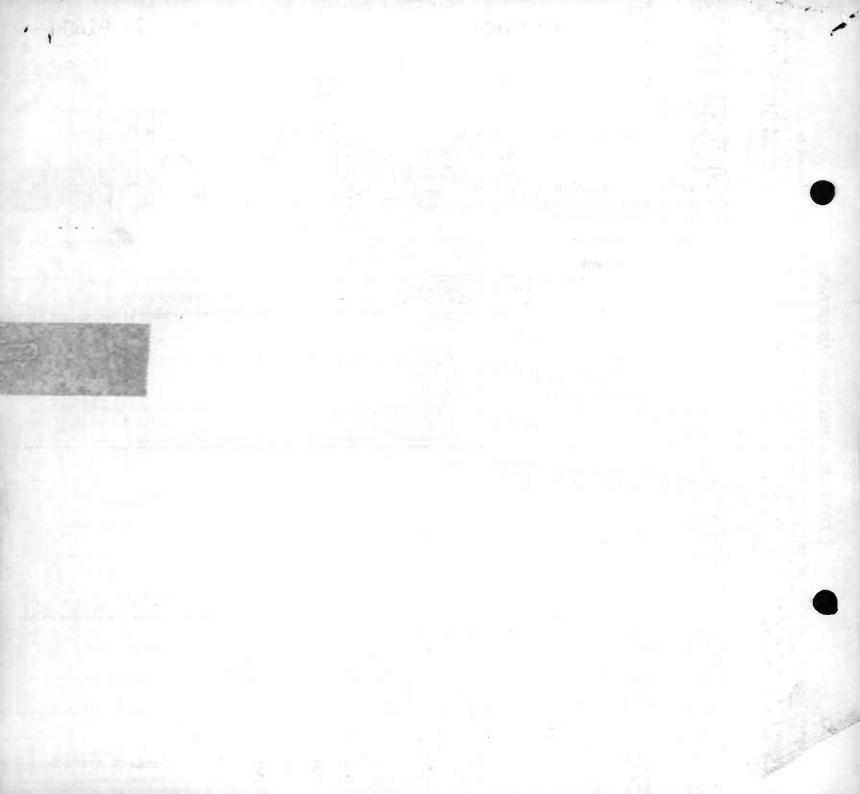
VS 150-REV. 1/1/68



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Charles and Associated the Company

4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence before D. INSIDE CITY LIMITS? YES T NO Il Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 4940 Eastern Avenue Baltimore, Maryl PPAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Soltimore City, give exact location) and that in (my) (aur) opinion deoth occurred on the date 23B, DATE SIGNED Walter Dabtowski 1005 Dundalk Avenue VS 150-REV. 1/1/68



1-160 72 0169	91' CERTIFICA	TE OF DEATH	REG. NO	
LPA" BAR, IRENE CONANT			UARY 10,	1972 3:50 P. _M .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	re deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	MARY LAND	HOWARD CO	OUNTY O
2		ELLICOTT CI		YES NO K
ST AGNES HOSPITAL		E. STREET AND NUMBER		
		9225 SPRING	VALLEY RO	DAD 21043
	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours Min.
FEMALE CAUCASIAN WIDOY	VEDAT DIVORCED	08-26-93	last biethday)	
IDA. USUAL OCCUPATION (Give kind of work 108, KINE done during most of working life, even if refired)		NEW JERSEY	ign country)	USA
housewife	t home	14. MOTHER'S MAIDEN NA	ME	
Charles Conan		Catherine	Macbet	
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give war or dates of servi	cel SECURITY NO.	17. INFORMANT RE	CORD'S BAL	TI MORE MD 21229
NO	145 14 2197		SPITAL WIL	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. it means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) staling UNDERLYING CONDITION last.	(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:	umonic	3 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OFERATION 179B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 0R CONTRIBUTING CAUSE OF	OR WHICH OFERATION 218. PLACE OF INJURY (e.g., in home, form, fectory, street, of	20A AUTOPST? (Yes or N YES		FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
19A. DATE OF OFERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	OR WHICH OFERATION	20A AUTOPST? (Yee of N YES n or about 21C, WHERE DID ffice bidg, INJURY OCCUR?	20k IF YES, WERE IN CERTIFYING CA	
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19A-DATE OF OFERATION 19B CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Day) (Year) (House OF INJURY (APPROX.) 22. I certify that (N (this hospital) ottend that (W) (we) last saw the deceased alive	OR WHICH OFERATION 218, PLACE OF INJURY (e.g., blome, fam, factory, street, of etc.) 21E INJURY OCCURRED While At Not Whill At Work ed the deceased fram FE on FEBRUARY 10	20A. AUTOPST? (Yes or N YES n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. BRUARY 9. 19 72 and ti	O 208. IF YES, WERE IN CERTIFYING CA	BRUARY 10,19 72
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19A. DATE OF OFERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTREUTING CAUSE OF DEATH (nofify medicol examined) 21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.) 22. I certify that (N) (this hospital) ottend that (W) (we) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	OR WHICH OFERATION 218. PLACE OF INJURY (e.g., income, farm, factory, street, of etc.) 21E. INJURY OCCURED While At Not While At Work ed the deceased from FE on FEBRUARY 10 e. XIX(We) (did) (XIX XXX)	20A. AUTOPST? (Yes or N YES n or about 21C. WHERE DID fice bidg. INJURY OCCUR? 21F. HOW DID IN. BRUARY 9. 19 72 and the line of the body ofter deoth.	O 208. IF YES, WERE IN CERTIFYING CA	BRUARY 10,19 72
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19A-DATE OF OFERATION 19B CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (i) (this hospital) ottend that (ii) (we) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIANS NAME (Type)	OR WHICH OFERATION 218, PLACE OF INJURY (e.g., inches) forms, foctory, street, of etc.) 21E INJURY OCCURED While At Not While At Work ed the deceased from FE on FEBRUARY 10 e. MX(We) (did) (XXX/6Y)	20A. AUTOPST? (Yes or N Y ES n or about 21G. WHERE DID fice bldg. INJURY OCCUR? 21F. HOW DID IN. BRUARY 9. 19 72 and the state of the conding Med. S. Director Director 223D. ADDRESS	OF 20 R. IF YES, WERE IN CERTIFYING CA	BRUARY 10, 19 72
19A-DATE OF OFERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examined) 21D. TIME (Month! (Day) (Year) (Hour OF INJURY (APPROX.)) 22. I certify that (N (this hospital) attend that (N (we) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23A. SIGNATURE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 2/14/72	218. PLACE OF INJURY (e.g., home, farm, foctory, street, of steel) 21E. INJURY OCCURED While At Not While At Work ed the deceased fram FE on FEBRUARY 10 e. MX(We) (did) (XiX XoY) DEGREE Phy DEGREE Prist Presp. Chur ME OF REGISTRAR	20A. AUTOPST? (Yes or N Y ES n or about 21G. WHERE DID fice bldg. INJURY OCCUR? 21F. HOW DID IN. BRUARY 9. 19 72 and the state of the conding Med. S. Director Director 223D. ADDRESS	O 208 IF YES WERE IN CERTIFYING CATION Stoff Phys. COATION COPTING FIELD COATION COPTING FIELD CORTING F	BRUARY 10, 19 72 Inian death occurred an the date 238, DATE SIGNED

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St. Tr Activates

the body was released to the hospital by a medical examiner.

Also, if the direct or contributing cause of death

1	2 (2) BALTIMORE CI	TY HEALTH DEPARTMENT 72 01692
16	72 01692 CERTIFIC	ATE OF DEATH REG. NO.
.N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
Тур	KATHRYN F BOYLE	2-11-72 6.50 A
3. 9	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
e11.		
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION	MD. ANNE ARUNDEL C. CITY OR TOWN D. INSIDE CITY LIMITS?
IN 2	SITUTION	IINTHICUM YES X NO
	MERCY HOSPITAL	E. STREET AND NUMBER
	5 /	101 CATALPA ROAD
· S	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months: Doys Hours Min.
	F. CAUC. WIDOWED DIVORCED	losi dimiday)
0A.	USUAL OCCUPATION Give kind of work 108. KIND OF BUSINESS OR INDUST	
lone	e during most of working life, even if retired)	COD ANDION TENNA
3.	TEACHER AA CO. SCHOOL BOAR	RD SCRANTON, PENNA. USA
	FRANK E. BOYLE	FRANCES M. O'HARA
5. Yes	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown) (If yes, give war or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	NO 206-10-4817	MARY F. BOYLE, SISTER, SAME AS 4
	18. 4 2 / 9 CAUSE OF DEA	
	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DE
	LEADING TO DEATH	T + 1 + 1 + 1 + 1
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE C	AUSE Intra venticular Homorrhage
7	heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONTERUENCE OF
	ANTECEDENT CAUSES	
	(B) 175 morn	AS A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR rise to the above cause (A) stating the	AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT		Tes .
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, form, foctory, street,	office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
CA	DEATH (notify medical examiner) etc.)	
ā	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
S	(APPROX.) While At Work At Wo	
	WORK AT WO	
	22. I certify that (1) (this hospital) attended the deceased from	2/13 19 72 10 2/14 19 7
	that (1) (we) last sow the deceased alive on	13 19 72 ond that in (m) (our) opinion death occurred on the
	and hour and from the couses stated above.(1) (We) (did) (dld nat	
	23A. SIGNATURE) view the body after death.
	23A. SIGNATURE) view the body after death.
	23A. SIGNATURE) view the body after death.
	23A. SIGNATURE) view the body after death.
	23A. SIGNATURE Kinnett R. Warrick M.D. DEGREE P 23C. PHYSICIAN'S NAME (Type) Kennett R. Warrick M.D. DEGREE	Attending Med. Shaff Phys. 238, DATE SIGNED 238, DATE SIGNED 27/14/72 230, ADDRESS Mexcy Hospital
	23A. SIGNATURE	Attending Med. Staff 238, DATE SIGNED Attending Director Phys. 2/14/72 23D. ADDRESS Mexcy Hospital
	23A. SIGNATURE Kinnel R. Warrick M.D. DEGREE 23C. PHYSICIAN'S NAME (Type) Kenneth R. Warrick M.D. DEGREE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMOVAL (Specify) BURIAL ST. CATHERINES	Attending Med. Staff Director Phys. 23B, DATE SIGNED 23B, DATE SIGNED 27/4/72 23D. ADDRESS Mercy Hospital CREMATORY 24D. LOCATION (City, town, or county) (State
24A	23A. SIGNATURE Kenneth R. Warrick M.D. DEGREE 23C. PHYSICIAN'S NAME (Type) Kenneth R. Warrick M.D. DEGREE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY OF CREMETE	Attending Med. Staff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 27/14/72 23D. ADDRESS REE Mexcy Hospital CREMATORY 24D. LOCATION (City, town, or county) (State 35 CEMETERY MOSCON PENNA 25C. FUNERAL DIRECTOR ADDRESS
24A	23A. SIGNATURE Kenneth R. Warrick M.D. DEGREE 23C. PHYSICIAN'S NAME (Type) Kenneth R. Warrick M.D. DEGREE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMETERY OF CREMETE	Attending Med. Staff Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 27/14/72 23D. ADDRESS Mercy Hospital CREMATORY 24D. LOCATION (City, town, or county) (State

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1/	1		BALTIMORE CITY	HEALTH DEPARTMENT	,	72 01000
K-524	72	01693	CERTIFICA	TE OF DEATH	FEG. NO	72 01693
NAME OF DE				2. DATE A	ND HOUR OF DEATH	
Type or Print)	KUNKEL, [DAVID		FEB	RUARY 10.	1972 10:40Am
L PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD		ere deceased lived, If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMO	RE
40	ST. AGNES	HOSP	TAL	BALTIMORE E. STREET AND NUMBER		YES NO XX
				406 BURBAN	K CT 212	27
. SEX	6. RACE	7- MARRIEDY	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
MA LE	CAUCASIAN	WIDOWED	DIVORCED DIVORCED	11/08/43	28	Months Doys Hours Min.
REPAIRM	working life, even if refired)	INDUS		MARYLAND		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
HENRY K	KUNKEL			FLORENCE OV	ERTON KUNI	KEL
. Was Decease	d Ever in U. S. Armed For ni (if yes, give war or date	cos?	16 SOCIAL	17. INFORMANT		ADDRESS
	nl (If yes, give war or date	a of service	SECURITY NO.	CT ACMES !	CODITAL DE	- 00000
YES			216-42-4188 CAUSE OF DEAT		USPITAL RE	APPROXIMATE INTERVAL
18. Z O DISEA	ASE OR CONDITION DI	RECTLY	Λ	preumonia		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE WELL AND MILES		20 00193
heart failure.	not mean the mode of asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
	mplication which caused		0.0	1 . 1-		11 1
	ANTECEDENT CAUSES		(shi) e	senterie he	mmase	4 days
DISEASES	OR CONDITIONS, If	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	,	1
rise to th	ne above cause (A)		10 Hoc	dg Kin's D	isease q	riv 1 year
	11			J	U	
OTHER SIGNI	FICANT CONDITIONS CO					
C DISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	T 1 (A).	(shanessessessessessibility			
19A. DATE O	F OPERATION 198 CON WAS PER			YES	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF iy medical examined	218 horn etc.	PLACE OF INJURY (e.g., ie, farm, factory, street, o	n or obout 21 C. WHERE DID flice bidge INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21D. TIME OF INJURY	(Month! (Day) (Year!	(Houd 21 E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY			ile At Not Whil			
		Wo			71 EEG	DUARY 10 - 30
22. I certif	y that (l) (this hospita	l) ottended t	he deceased from UE	0 70	19 71 to FE	
that (I) (we) last sow the decease	ed olive on_	FEBRUARY 1	U 19 /2 ond t	hat in (my) (our) op	inion death occurred on the dot
and hour a	nd from the causes sta	ted above. (I) (We) (did) (did not)	lew the body ofter death.		
23A. SIGNAT	URE	2			and the same of	23B DATE SIGNED
	THE		Db.	ending Med.	Shoff Phys.	12/10/72
23 C. PHYSICI	ANS		DEGREE Phy		TIMORE, MD	21229
NAME	(lype)	1.				
1	11	rerta	M. D. DEGREE			TON & WILKENS A
Burial CR	(Specify) 248 DATE 2/12/		AME of CEMETERY of CR Woodlawn		oodlawn,	Maryland (State)
25A. DATE REC'	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
FEB1	7 1972 Robert	10 7 /			chwab 351	2 Frederick Ave
VS 150-REV. 1/1	/68	7		9 9	*	

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0 000 000	BALTIMORE CITY	HEALTH DEPARTMENT		
()-500 72 018 BIRTH-NO.	CERTIFICA	TE OF DEATH	REG. NO.	72 01694
1. NAME OF DECEASED (Type or Print) QUINN, JOSE	PH A.	FEB	RUARY 11.	19721 5:05 A.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. I	institution: residence before admission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		MARYLAND BA	LTIMORE	21228 45 37
ST AGNES HOSPI		BALTIMORE		YES NO X
CATON & WILKEN BALTIMORE, MAR	RYLAND 21229	64 DUNGARR	IE ROAD	
5. SEX 6. RACE 7. MARI	RIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
MALE CAUCASIAN WIDON	WED DIVORCED	04/23/16	55	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	OSON TRANSFER Co.	MARYLAN		U.S.A.
WILLIAM QUINN		HELEN HOL	REIN	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	icel SECURITY NO.	17. INFORMANT BAL	TO MD 212	29 ADDRESS
YES WORLD WAR II	217-26-7940			ON & WILKENS AVES
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 179E. CONDITION F WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	ving the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: 20A AUTOPST? (Yes or NO)	Carcia No. 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (X (this hospital) attended that (X (we) last saw the deceased office and hour and from the causes stated above 23AcSIGNATURE Luando J. Rama 23C.PHYSICIAN'S NAME (Type)	ed the deceased from Son FEBRUARY 11 e. (1) (We) (did) (XXXXX v DEGREE Physics	lew the body after death. Inding Med. Director 23D. ADDRESS	Staff D MD	238 DATE SIGNED 02/11/72 21229
EDUARDO G. ROMERO,		ST AGNES HOS		
244. Burial CREMATION, 248. DATE 246 Burial 2/14/1972	C.NAME of CEMETERY of CRE Crest Lawn	1134		City, town, or county) (State)
FEB 17 2972 Walter English	AE OF REGISTRAR	F. Truman Sc		1 Balto.Nat'l.Pil
/S 150-REV. 1/1/68			,	

THE MAINTER SILL THE P. MALAGER Character Consider to

MISTORY DESIGN

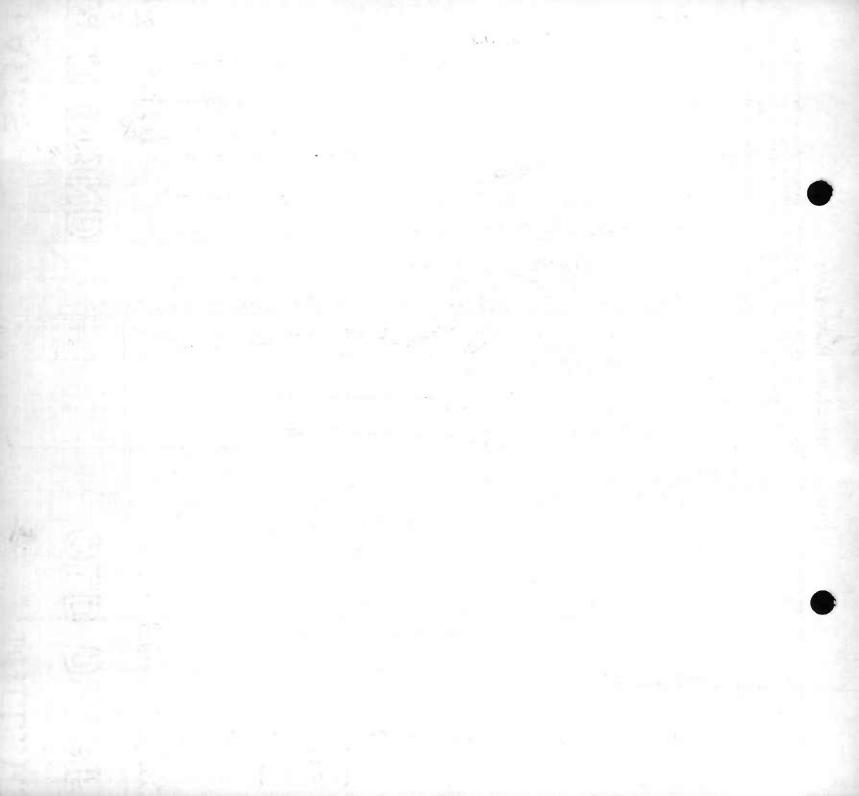
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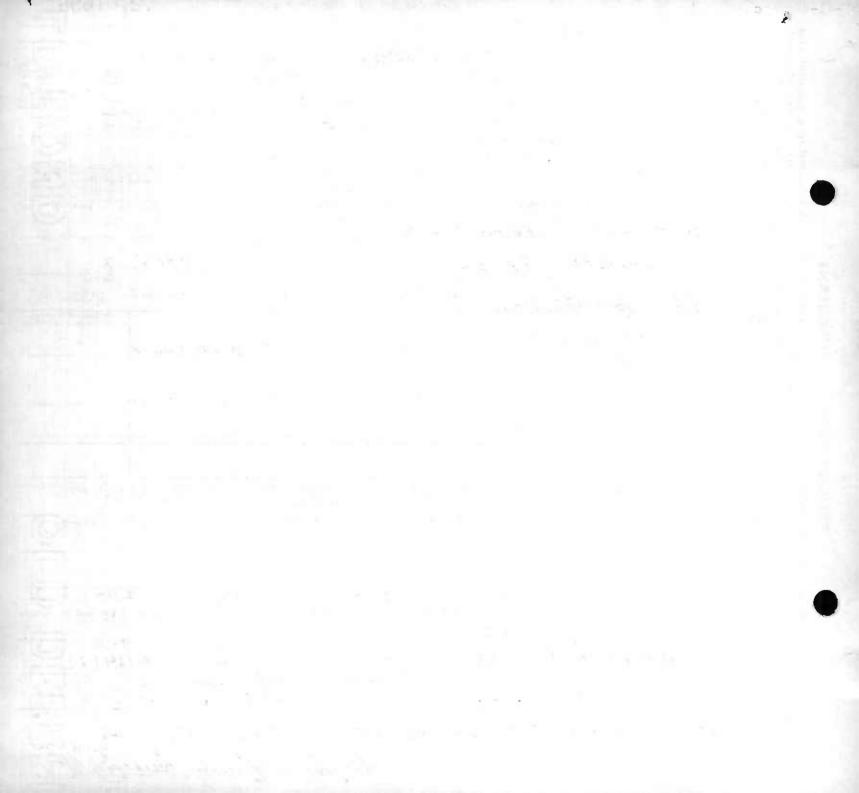
FIRMARIA 11 72 FEBRUARY 11 72

11/-620	BALTIMORE C	CITY HEALTH DEPARTMENT	40 04 COE
BIRTH NO.	72 01695 CERTIFIC	CATE OF DEATH REG. NO.	72 01695
1. NAME OF DECEASED	VIOLA ANNA	2. DATE AND HOUR OF DEATH 2 - 13 - 72	5.20 p
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II ins	- 1 M.
	OSMITAL OR INSTITUTION, GIVE STREET LOCATION!	MARY LAND BALTIMORE C. CITY OR TOWN D. INSIE	E . 2646
THE UNION MEMO	mise Hospital.	E. STREET AND NUMBER 6111 BÉLAIR ROAD G	YES NO D
5. SEX G. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	1 01-29-90 - 92 92	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of done during most of working life, even if ref	WORK 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Store or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE GENER		MARTLAND	B.S. A.
13 FATHER'S NAME	PRENCE LANCE	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Arme (Yes, no or ynknown) (If yes, give war or	d Forces?	17. INFORMANT	ADDRESS
100	- WA 14 NSOO	EMINY VICLANSON - SAM	IE ADDUKE
DISEASE OF CONDITION	ATU I	Robbing SUF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mod heart failure, asthenia, etc. 11 m Injury or complication which ca	e of dying, e. DUE TO, OR	AS A CONSEQUENCE OF:	LO. 8
ANTECEDENT CAL	2000	ASCVD.	
DISEASES OR CONDITIONS,	if any, giving DUE TO, OR	AS A CONSEQUENCE OF:	
rise to the above cause UNDERLYING CONDITION last	(A) sloling the	10 FRACTURE	
11			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	TO THE TERMINANT	CVD and PNEUMONIA	
194 DATE OF OPERATION 198 WAS	CONDITION FOR WHICH OPERATION PERFORMED BHP FRACTU	IRE 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218 PLACE OF INJURY (e. home, form, foctory, street, etc.) Aurung	g, in or obout 2TC. WHERE DID (If In Boltimore INJURY OCCUR? Common Control Con	City, give exoct location)
OF INJURY (Month) (Doy) (1) (APPROX.) 2-9-72	(eon) (Hour 21E INJURY OCCURRED	Vhile A fell setting me	1 g bed
22. I certify that (I) (this has	pital) attended the deceased from	2-9 197210 2	- 13 10 72
that (1) (we) last sow the dec	0 10	19 77 and that In(my) (our) opini	on death occurred on the date
	stated above. (1) (We) (dld) (did not) view the body after deoth.	The second
23A. SIGNATURE TURIO			23 R. DATE SIGNED
23C. PHYSICIANS NAME (Type) TULIO	A. DEJO M.D	23D. ADDRESS THE INION MEMORIAL	HOSPITAL.
BURIAL CREMATION, 24B. DAT	172 GRDNS + FAL	REEL	town, or county! (State)
FFR 17 1972	258. NAME OF REGISTRAR	psc. Funteral Director for Rod	Sulada M
/\$ 150=REV ₄ 1/1/6 R			



IMPORTANT FUNERAL DIRECTOR:

1 /1//			BALTIMORE CITY	HEALIH			4	OTOBE	
1 NO.	72 0:	1696	CERTIFICA	TE O		REG. NO.			
or Printl		EN	HMA RARBA	RA	2. DATE AT	172 5:4	5 pm		Μ.
	MORE MARTLAND, WHI			4. USUA	L RESIDENCE IWH	ere deceased lived. I		sidence before	odmission
NAME OF	(IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTITU	ITION, GIVE STREET	A. STAT	e e.cou	NTY		260	5
NOITUTION	Baltimore C				imore	D. 11	VSIDE CITY LI	-	
		-	•		T AND NUMBER		YES (C)	NO	
	4940 Eastern Baltimore.				Kane Stree	et 21224			
¥ 16.			NEVER MARRIED	-	OF BIRTH	9. AGE (In years	I II Under	1 Yr. If Und	er 24 Hrs.
male				1-7-0	13	lost birthdoy)	II Under Months	Doys Hours	
		WIDOWED				69			
	ATION (Give kind of work) (IL KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State of for	eign country)	12. CITIZ	EN OF WHAT	COUNTRY?
		DETAI	4 STORE	1	Maryland		J	JSA	
SALES LATHER'S NAME		KEIMI	A STONE	14 MOT	HER'S MAIDEN NA	ME			
C.	HARLES	R= Y	EP		Ro	oberta C	ONKL	IN	
as Deceased Ev	ver in U. S. Armed Forcer		6 SOCIAL	17. INFO				ADDRESS	
no of unknown) (I	218-18-97	of setvices	214-01-1956	BCH I	RECORDS:	4940 Easter	n Avenu	e 21224	
8. 1 1 1 53	(010 10 11	13,00	CAUSE OF DEAT	H			1.	APPROXIMATE	
	OR CONDITION DIRE	CTLY						ETWEEN ONSET	AND DEATH
LE	EADING TO DEATH		CANIMMEDIATE CAU	SE CC	NGESTIVIZ	HEART 1	ALLUM		
heart failure, as	mean the mode of d thenia, etc. It means th ication which caused d	e disease,	DUE TO, OR AS	A CONSEC	UENCE OF:				
	ITECEDENT CAUSES		A .1	- 1	1		4.5		
			(B) /++NQ	5050	erote con	onen vasc.	01.600 F		-
	CONDITIONS, if an		DUE TO, OR AS	A CONSE	QUENCE OF:	2			
	above cause (A) s CONDITION last	ming ine	(c)						
	44		(0)						
O THE DEATH	ANT CONDITIONS CONT BUT NOT RELATED TO THE NOTION GIVEN IN PART 1	TERMINAL	C						
	PERATION 19% CONDI WAS PERFO	TION FOR V	VHICH OPERATION	20A.	AUTOPSY? (Yes or N	O 208. IF YES, WE	RE FINDINGS	CONSIDERED	
20					4155			Yes	
PEATH (notily m	WAS UNDERLYING DING CAUSE OF	21 B. hom etc.)	FLACE OF INJURY (e.g., i e, form, factory, sheet, of	n or obout Nice bldg.,	INJURY OCCURY	(il in Boliti	nore City, give	exoct location)	
ID. TIME (Month) (Dov) (Year)	(Hour 21E	INJURY OCCURRED		21F. HOW DID IN	IURY OCCUR			
F INJURY		Whi	le At Not While At Work						
APPROX.)	- New Yorks Land 1991	Wor				10 77 4-	7	114 1	07)
APPROX.)	nat (i) (this hospital)	attended th	ne deceased from 7	18	73	19 72 to		,	971
APPROX) 2. I certify the hat (I) (we) Id	ast saw the deceased	attended the	ne deceased from 2	_/&		hat in (my) (aur)		,	
APPROX.) 2. I certify the hat (i) (we) is paid hour and it	ast saw the deceased from the causes states	attended the	ne deceased from 7	_/&		hat in (my) (aur)		,	
APPROX.) 2. I certify the hat (i) (we) is ond hour and is 3A. SIGNATURE	ast saw the deceased from the causes states	attended the alive on	ne deceased from 2	_/&		hat in (my) (aur)	23B, DAT	h accurred o	n the date
APPROX.) 2. I certify the hat (i) (we) is ond hour and is 3A. SIGNATURE	ast saw the deceased from the causes states	attended the alive on	e deceased from 2 2/1년 (We) (did) (数成效效) v	19 riew the anding		hat in (my) (aur)	23B, DAT	h accurred o	n the date
APPROX.) 12. I certify the hat (1) (we) is cond hour and (1) (we) is cond hour and (1) (we) is cond hour and (1) (we) is conditionally in the hard of	ast saw the deceased from the causes stated to Nicla	attended the alive on	deceased from	19 riew the anding	Med. Director	hat in (my) (aur) (238 DATE	h accurred o	n the date
APPROX.) 2. I certify the hat (i) (we) is and hour and it is an investment of the hard of	ast saw the deceased from the causes stated to Nicla	attended the alive on	(We) (did) (XXXXX)	19 lew the	Med. Director 494	Staff DA.	238 DATE 238 DATE 2 / Avenue	h accurred o	n the date
APPROX.) 12. I certify the hat (i) (we) is conditioned and if the same in the	ist saw the deceased from the causes stated in the causes of the causes	attended the alive on dabave. ()	We) (did) (\$0(Xi))	19 riew the anding 23D. ADD	Med. Director 494 RESS 494	Staff A Phys. A 10 Eastern Limore, Ma	23R DATE 23R DATE 2./ Avenue aryland	h accurred o E SIGNED 14 7 2	n the date
APPROX.) 12. I certify the hat (i) (we) is conditioned and if the same in the	ist saw the deceased from the causes stated in the causes of the causes	attended the alive on dabave. ()	We) (did) (A)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)	19 riew the anding 23D. ADD	Med. Director 494 RESS 494	Staff A Phys. 210 Eastern	238 DATE 238 DATE 2 / Avenue	h accurred o E SIGNED 14 7 2	n the date
APPROX.) 2. I certify the hat (i) (we) is and hour and it is an investment of the hard of	ast saw the deceased from the causes stated in the cause stated in the causes stated in the cause stated in the	attended the alive on d abave. () on, M.I. 24C.NA 2 3 46	We) (did) (XXXXX) V (We) (did) (XXXXX) V DEGREE Phy DEGREE PHY	19 lew the miding 23D. ADD	Med. Director 494 RESS 494	Staff A Phys. A LOCATION	238 DATE 2 / Avenue aryland (City, town, or	h accurred o E SIGNED 14 7 2	n the date
APPROX.) 2. I certify the hat (i) (we) is and hour and it is an investment of the hard of	ast saw the deceased from the causes stated in the causes	attended the alive on d abave. () on, M.I 24C.NA	We) (did) (XXXXX) V (We) (did) (XXXXX) V DEGREE Phy DEGREE PHY	19 lew the miding 23D. ADD	Med. Director RESS 494 Baj	Staff A Phys. A LOCATION	238 DATE 2 / Avenue aryland (City, town, or	h accurred of SIGNED 14172	n the date



P-400 72 01	1 COM BALTIMORE CITY	Y HEALTH DEPARTMENT	70 04 00m
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	72 01697
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Emma V. Pul	7 ev	Feb 14. 72	1 2 D
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived II is	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		918 S. Sharp St.	2301
MidtownNursing Home		D. 1113	YES TO NO
	. Paul St.	E. STREET AND NUMBER 918 S. Sharp St.	ты Д
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	1611.1.19
F Neg. v	VIDOWED A DIVORCED	1890 lost birthday) 82	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108 done during most of working life, even il retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Unknown	TTml=	Doll+s Wa	77
13. FATHER'S NAME	Unk	Balti. Md.	Yes
II. Buddan	7722		
Herman ROXXXX	HHeary	Emma ?	
5. Was Deceased Ever in U. S. Armed Forces: Yes, no or unknown! (If yes, give war or dates of	f service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		James Pulley 2428	Gallow Ave.
18. 15 3 81	CAUSE OF DEAT	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	Conde	is - Messington Failer	BETWEEN ONSET AND DEATH
This does not meon the mode of dy	Ind. e.d.	A CONSEQUENCE OF:	
heart failure, asthenio, etc. It means the injury or camplication which caused dec	g gisease,		
ANTECEDENT CAUSES	(0) ~	·	/
DISEASES OR CONDITIONS, II any,	(B) CCC	noma of Colon Cul	<u> </u>
rise to the above couse (A) sto	, giving DUE TO, OR AS	A CONSEQUENCE OF:	(
UNDERLYING CONDITION lost.	(c) bener	elized Boodming trep	95110F13
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE TI DISEASE OR CONDITION GIVEN IN PART 1 19A-DATE OF OPERATION 198. CONDITION WAS PERFORM 21A-ACCIDENT WAS UNDERLYING	ERMINAL VIETYTST	osis to VERTEBRAG	(2)
19A-DATE OF OPERATION 198, CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAI	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH incitiv medical examines	218 PLACE OF INJURY (e.g., in home, form, loclory, street, of etc.)	or obout 21 C. WHERE DID #6 to Rollings	City, give exact location)
21D.TIME (Month) (Doy) (Yeor) [H	loud 21& INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work Not White Work At Work		
22. I certify that (I) (this hospital) at	ttended the deceased from	Dr 2/2 1977-10 64	FR 14 1072
that (I) (we) lost saw the deceased a		and that in(my) (me) opin	ian death accurred an the dote
and hour and from the names at and	abave. (1) (William) (did nat) v	lew the body after death.	
and hoot and train the couses stored t		-	
23A. SIGNATURE			238, DATE SIGNED
23A. SIGNATURE	Atter	nding Med. Staff	23B. DATE SIGNED
23A. SIGNATURE LUCIAN S 23C. PHYSICIAN'S NAME (Type)	DEGREE	Adding Med. Shaff Phys. 33D. Address	238. DATE SIGNED
23A. SIGNATURE WULAND QL 23C. PHYSICIAN'S NAME (Type) WILL MAD AD AL	DEGREE	-11/41	238. DATE SIGNED
23A. SIGNATURE Weland Of	DEGREE	30. ADDRESS 6615 New Kirston	238. DATE SIGNED (Stote)
23A. SIGNATURE LULAND Q 23C. PHYSICIAM'S NAME (Type) LULI OND ASPL 1A. BURIAL CREMATION, 24B. DATE BURIAL 3PECIFY BURIAL 2-19-72	EFE DEGREE 24C, NAME OF CEMETERY OF CRE 2 Mt. Calvery C	30. ADDRESS 6615 New Kirston	y, lown, or county) (Stote)
23A. SIGNATURE WULAND CLAPS PASSICIAN'S NAME (Type) (A. BURIAL CREMATION, 24B. DATE BURIAL 2-19-72	FFE DEGREE	3D. ADDRESS GG 15 New Les Storm & MATORY 24D. LOCATION (CII	y, town, or county) (Stote) Md. ADDRESS S+

X

918 S. Sharp St.

Feb 14, 72

MidtownNursing Home

Balti. Md. 808 N. St. Paul St.

918 S. Sharp St. 82 X Neg. 1890

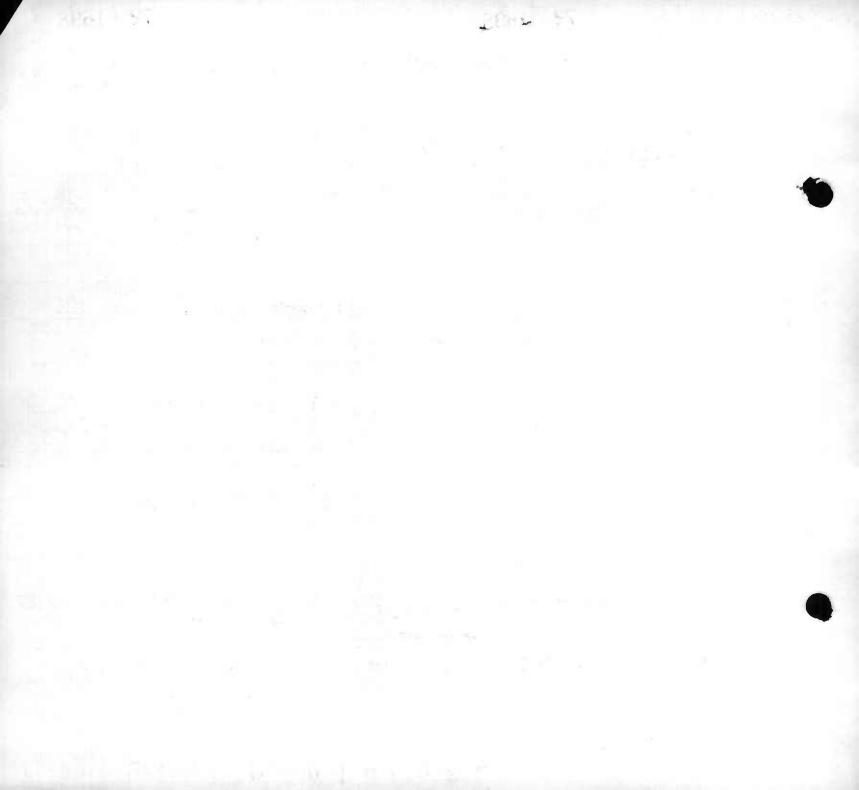
Unknown Balti. Md. Unk Yes

Herman Smm3 Hearry

James Pulley 2428 Gallow Ave. No

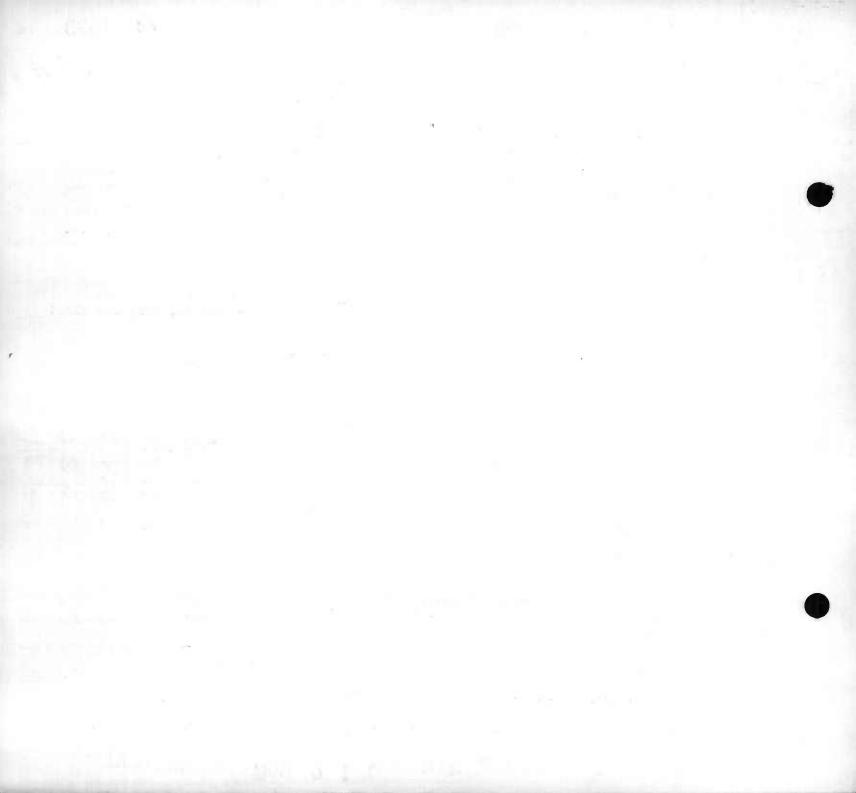
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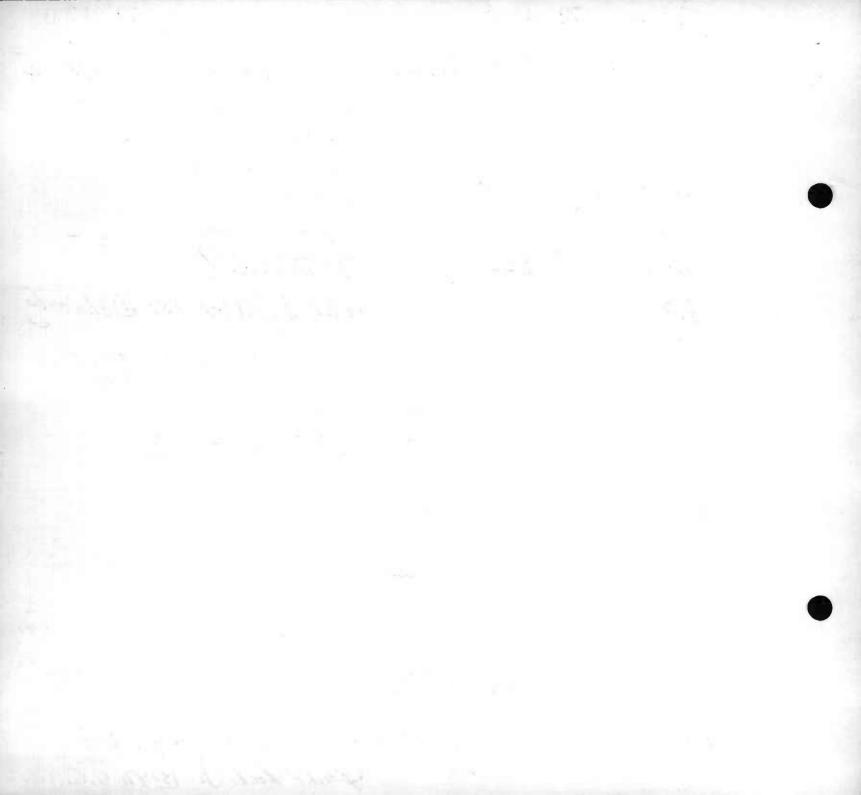


IMPORTANT

DIRECTOR:



T-120 72 01700	BALTIMORE CITY	Y HEALTH DEPARTMENT		72 01700
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	<i>i</i> ≈ 01/00
(Type or Print) FREDERICK	Tibbs	2. DATE AI	NO HOUR OF DEATH	1 1015/ 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE IWHO	ore deceased lived. If in:	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	Balto.	2712 DE CITY LIMITS?
Good Samoritan Hospital	\	Balto		YES NO
45		E. STREET AND NUMBER	unets	
5. SEX 6. RACE 7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr., Il Under 24 Hrs.
WIDOWED	DIVORCED T	07-04-84	lost birthdoy	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUI	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		Va		USA
Voshum Tibbs		Mateld	ME	
15. Was Diseased Fronts 11. S. A I. E	SOCIAL	17. INFORMANT	•	ADDRESS
(Yos,no or Inknown) (If yes, give wor or doles of service)	SECURITY NO.	Hattre E.	Mes 45	1 Dahwarts
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	metastatic L	iver involve	Men + BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	se probably elue	to ha consti	a thoughtha
iThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:	to pancreati	c months
injury or complication which caused death.)				
ANTECEDENT CAUSES	banno	cinoma		
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		**********
rise to the above cause (A) stating the UNDERLYING CONDITION last,	10) Part		al al	
CONDITION TOSI,	(c) 105 (s	ice intestina	obstance	ion
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	/			
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or No	000 15 4	***************************************
WAS PERFORMED	- OTERATION	AUTOPSTITIOS OF NO	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS JINDERLYING 21B. PLAI OR CONTRIBUTING CAUSE OF home, fo	CE OF INJURY (o.g., in	or about 21 C. WHERE DID	(If In Boltimore	City, give exoci location)
O Common leich				
€ OF INJURY	URY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While At	Not While	П	-	
22. I certify that (I) (this hospital) attended the de		18.1	2 42	111 - 30
that (I) (we) last saw the deceased alive an 2/			9 <u>72 to 2</u>	
		19and the	t in (my) (aur) apini	an deoth occurred on the dote
and haur and from the couses stated above. (!) (We	e) (did) (did nat) vi	ew the body after death.		
12/1 Peter	Densen	4		3B. DATE SIGNED
1 sellent	DEGREE Phys.		Shaff Nhys.	2/16/75
23C. PHYSICIAN'S NAME IType) Bernhard Bli	Im mD	The Good	Samarit	an Hospital
2 1/6/22 Tot	DEGREE OF CREA	MATORY 24D. LO	CATION (Gity.	town, or county) (State)
25A. DATE REC'D. BY HEALTH DEPT. 25B. NAMEPOF REF	GISTRAR	20C. FUNERAL DIRECTOR	· a. Count	ADDRESS
	ed ()	Joseph Low	che (h. 15	047. Ceptra Rece
VS 150-REV. 1/1/68		<i>y</i>		



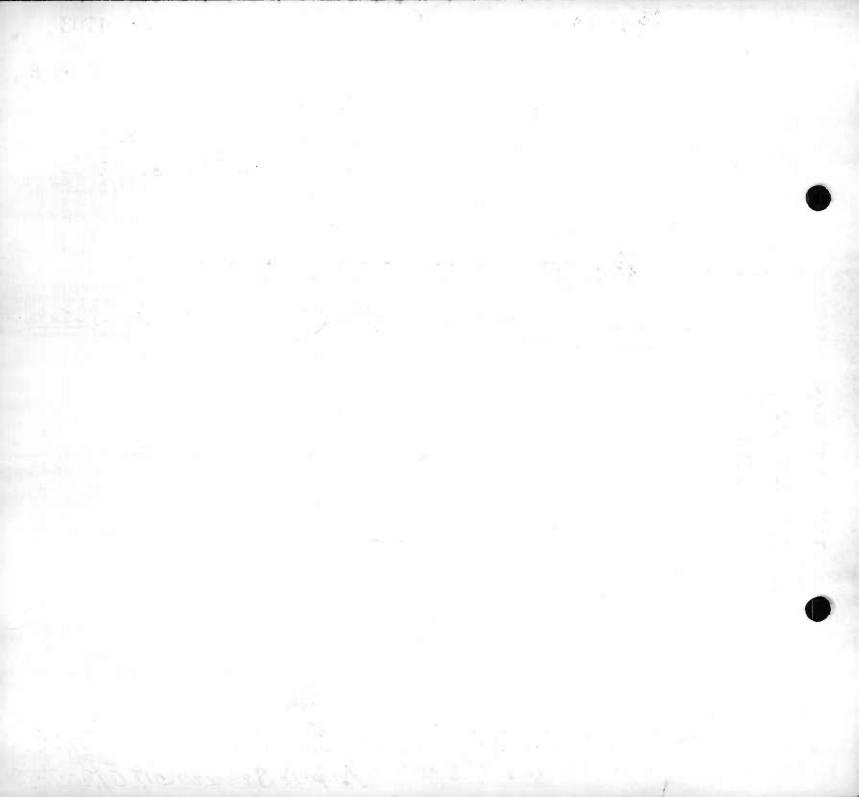
	BALTIMORE CITY HEAL	TH DEPARTMENT	mc> (2.4)	mo4'
BIRTH NO. 72 01701	CERTIFICATE (OF DEATH	REG. NO. 72	701
Type or Print)	20. 1	2. DATE AND HO	UR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	DRANCH UNCED DEAD 4. US	UAL RESIDENCE Where	ased lived. If institution: resider	0 500 HIN
FULL NAME OF (IF NOT IN HOSPITAL OF INSTIT		B. COUNTY	1	401
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION) N STITUTION	C. CIT	Y OR TOWN	D. INSIDE CITY LIMITS	2
	E. STR	REET AND NUMBER	YES	NO 🗌
1918 Park ave.	13	118 Parka	pe.	
2	NEVER MARRIED B. DAT	E OF BIRTH 9. AG	E (In years If Under 1 Your Months Doys	r. If Under 24 Hrs. s Hours Min,
OA. USUAL OCCUPATION (GWo kind of work 10B, KIND O	DIVORCED 3/	THILACE (State or foreign cou	intry) 12. CITIZEN (OF WHAT COUNTRY
one during most of working tife, even if retired)	to Will (la.	0,5	, A.
3. FATHER'S NAME	14. M	OTHER'S MAIDEN NAME		
unk	L	un K		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	ORMANT	ADI	ORESS A
18. // 9 /	217-20-1666 FBA	ed Brauch-1	7/8/arkare.	PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				EN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made al dying, e.g.,	(A) IMMEDIATE CAUSE	your shalders	refficery)	luch.
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OK AS A CON	SEQUENCE OF:		
ANTECEDENT CAUSES	(B) Conge	time Heart	failing 4	let
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the	DUE TO, OR AS ALCON	SEQUENCE OF:	. , 1	t. , /
UNDERLYING CONDITION last.	(c) Aprile	med Caroli	Vas culudes, 6	God of
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	1204	A ALTO BOYS (V N) 200	As yes were shippings con	LCLDERED
198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21E	WHICH OPERATION 207	A. AUTOPSY? (Yes or No.) 208.	IF YES, WERE FINDINGS CON CERTIFYING CAUSES OF DEAT	H?
OP CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in or obo	out 21C. WHERE DID	(If in Boltimore City, give exo	ct locotion)
DEATH (notify medical examiner)	.)			
OF INJURY	ile At Not While	21F. HOW DID INJURY C	CCUR?	
Wo	ork		7 . —	10
22. I certify that (1) (this haspital) attended that (1) (we) last sow the deceased alive on	ven 27		my) (our) opinion death or	19 curred on the dat
ond haur and from the causes stated above. (1) (We) (did) (did nat) view th			
23A. SIGNATURE	Attending 5	Med. Stoff	23 B. DATE SIG	GNED
23C. PHYSICIAN'S	Attending Phys. 23D. At		7-1	7-72
23C. PHYSICIAN'S NAME (Type)	/	100 W 1/ 7/	1 1.16	111
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CREMATO	RY 24D, LOCATI	ON (City, town, or con	unty) (Stote)
Cremoval (Specify) 2/19/92 W	it Calvar	1 Brand	El . ann anu	ul co. We
	OF REGISTRAP	FUNGRAL DIRECTOR	14. 100	ADDRESS
BIT 1972 Jobent E. Fack	Sey KD.	rabillion + fines	12 Nome -1/01	The Cell

A HELDER KINGER BERTEN BENEFIELD BENEFIELD 1715 Park cure 1716 Parkson the controls the second of Listone Wester Rill IR IMPORTANT

DIRECTOR:

FUNERAL

3650 Malden Ave. 21211 3/16/71-Adm.



4.2	BALTIMORE CITY	HEALTH DEPARTMENT	70 04704
72 01704	CERTIFICA	TE OF DEATH REG. NO	72 01704
I NAME OF DECEASED	FARRELL	2 DATE AND HOUR OF DEATH	2 1 6,200
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	OUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived. II in	nstitution: residence before odmissio
FULL NAME OF OF NOT IN HOSPITAL OR INST	TUTION, GIVE STREET	MD	1204
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION			IDE CITY LIMITS?
THE UNION MEORINIAL 1	tospinaz	BALTIMORE	YES NO
THE ONION MENTALINE		E. STREET AND NUMBER	
		2327 N. CHARLES	
SEX 6. RACE 7. MARRIET WIDOWE	= =	8. DATE OF SIRTH 9. AGE (In years lost birthday) 7	Il Under 1 Yr. Il Under 24 H Months Doys Hours Min.
OA USUAL OCCUPATION (GIVe bind of work 108, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
lone during most of working life, even if refired)		Not	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Parres?	I & SOCIAL	17. INFORMANT	ADDRES\$
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) lif yes, give war or dates of service)			
	219-07-4382	Jim Jenkins 323	
18.450 XI	CAUSE OF DEAT	Н	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		P n	0:
(This does not mean the mode of dying, e.g.	(A) IMMEDIATE CA	USE rulumany eeers	Mul
heart failure, asthenia, etc. It means the diseus	DUE TO, OR AS	A CONSEQUENCE OF:	
Injury or complication which caused death.)			
ANTECEDENT CAUSES	(n)		
DISEASES OR CONDITIONS, If any, givin	DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)		
11	(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		20 2 11 0 14 2 1 1 A	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19E CONDITION FOR WAS PERFORMED	37WM	IN NEUMONIA-	
19A DATE OF OPERATION 19& CONDITION FOR	WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
WAS PERFORMED		No IN CERIFFING CA	COSES OF DEXIES
U 21A. A CCIDENT WAS UNDERLYING 21	BPLACE OF INJURY le.g., ome, farm, factory, street, c	in or about 21 C. WHERE DID (If In Boltimo ffice bidg., INJURY OCCUR?	re City, give exact location)
	& INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
₹ IA PEROVI	/hile At Not Whi	io [7]	
, m			
22. I certify that (1) (this hospital) attended		1910	19
that (1) (we) last saw the deceased office on		19and that in(my) (our) op	Inion deoth occurred an the de
and hour and from the causes stated above.	(1) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE			23 B. DATE SIGNED
11110	Oh.	ending Med. Staff Phys.	2/12/77
23C. PHYSICIAN'S NAME I Type)	DEGREE	23D. ADDRESS	1,70
NAME ITypel JOSE P	AZ	THE CINLINAL MENOR	in largin
DAA BURIAL CREATATION 1945 DATE	DEGREE		ity, town, or county) (Stote)
24A. SURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CH	240. LOCATION IC	
Burnel 418/72 M	t. Colvery Co	em. Anne Arundel	cy me
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR White MARCH 928	ADDRESS
FFR17 1079 Q4 44	202.00	MANG MARCH 928	ElYWIT HUR

116/72 Adm.
412 E 2014 5%.

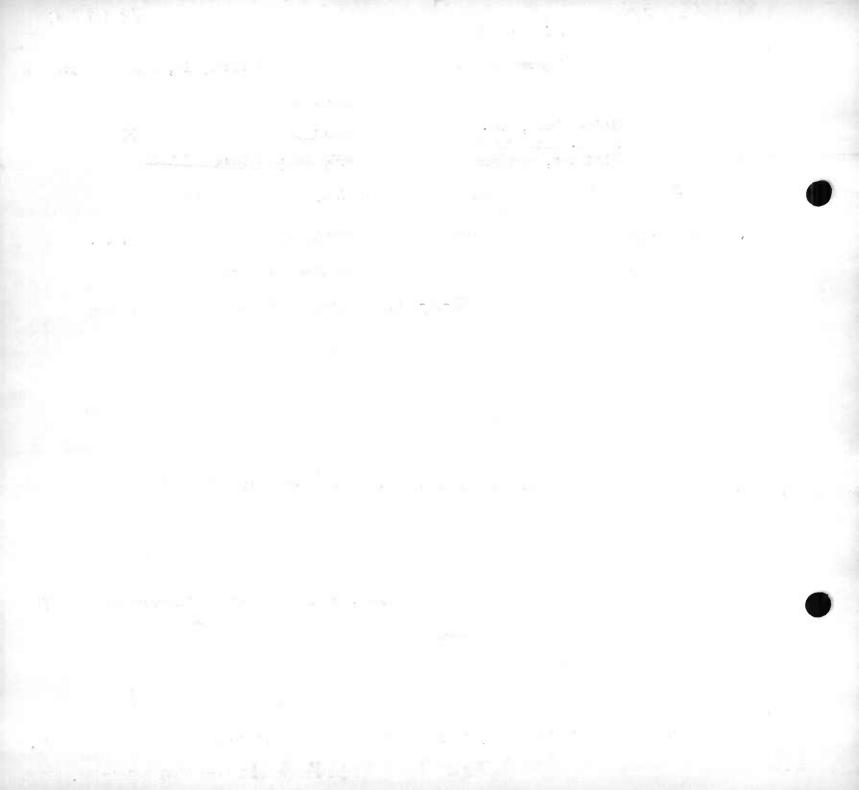
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

wa a two	BALTIMORE CIT	Y HEALTH DEPARTMENT	i-y	a outpor
BIRTH NO. 72 01705	CERTIFICA	ATE OF DEATH	REG. NO.	2 1/11/11/11/11
1. NAME OF DECEASED	_	2. DATE AND H	OUR OF DEATH	
(Type or Print) H. WALTER	Grau	Februa	vru 16 19	174 5-15 P M
3. PLACE IN BALTIMORE MARYLAND, WHE		4. USUAL RESIDENCE (Where de	ceased lived. If instit	ution; residence before admission)
5111. 11.115.05		Marylenel.	Bush	30302
HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	1	CITY LIMITS?
INSTITUTION ILLAS CON C	Course O blas 50	Baltimore		ES NO DO
48 margane	Ceneral Hospat.	E. STREET AND NUMBER	-	
0		7909 Km	elwood	RV. 21204.
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. A		f Under 1 Yr. Il Under 24 Hrs. Aonths: Days Hours Min.
M ₁ of	VIDOWED DIVORCED	6-1-90 1051	birthday) 8 /	Aonths Days Hours Min.
10A USUAL OCCUPATION (Give kind of work 10)		Y 11. BIRTHPLACE (State or foreign co	ountry)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it refired) Retid. Self	Merchandise	Tong Green,	MA	USA .
3 FATHER'S NAME	Wer criainaise		ivia.	
	0	14 MOTHER'S MAIDEN NAME	Momberge) n
O. Pete		Arilla 1.	Morriber ge	>1
5. Was Decoased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give war or dates o	service) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21212
Yes	228-22-132	a Dr. Mary L.	Grau 403	Hollen Road
18. /// 1/	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	TLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA	USE Pulmonary	Eclema	6 days
(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ing, e.g., DIJE TO, OR A	A CONSEQUENCE OF:		
injury at campilication which caused de	affu)	O		
ANTECEDENT CAUSES	H-S	CUD. F. CHE	_	years
DISEASES OR CONDITIONS, if any	giving (B)	S A CONSEQUENCE OF:		
rise to the above cause (A) st UNDERLYING CONDITION (ast				
	(C)			
OTHER SIGNIFICANT CONDITIONS CONTI	O O O	0.5		1100
TO THE DEATH BUT NOT RELATED TO THE	TERMINAL	P 6.		years.
Signal of Operation (1984 CONDITION (1984 CONDITION)	ON FOR WHICH OPERATION	20 A AUTOPSYT (Yes of No.) 201	B. IF YES, WERE FIN	DINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDIT WAS PERFOR	MED	No IN	CERTIFYING CAUSE	S OF DEATH?
	218 PLACE OF INJURY IS. G.	in or obout 21 C. WHERE DID	(II In Baltimore C	ilty, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	etc.)	office bidg. INJURY OCCUR?		
21D. YIME Month! Doy) (Yeat)	Houd 21E INJURY OCCURRED	216 HOW DID INJURY	OCCUPY	
S OF INJURY	While At Not Wi		OCCOR.	
(APPROX)	Work L At Wor			
22. I certify that 🍪 (this hospital) a	ttended the deceased from			erwary 16 1972
that (1) (last saw the deceased of	slive on telruary 1	6 19 52 and that In	(my) (opinio	n deoth accurred on the date
ond hour and fram the couses stated	obove. (1) (WE) (did) (did-not)			
23A. SIGNATURE			23	R DATE SIGNED
Kula OC Kon	AL DE AL	tending Med. Staff	D	2/16/72
23C. PHYSICIAN'S	DEGREE PI	23D. ADDRESS	.,	
23C. PHYSICIAN'S NAME ITYPE	(MD.	1/10- 80.0	General	Hassita O
MICHAROL.	LEOWN DEGRE		Sucran	rogarae
24A. BURIAL CREMATION, 24R. DATE REMOVAL ISpecify)	24C. NAME OF CEMETERY OF C			town, or county! (State)
Burial 2-19-72	St. John's	Bler	heim	Md.
25A. DATE REC'D SY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	0 5000	ADDRESS
FEBLY 1912 Valled	E. Faiber, M.D.	H-4900 YENKINE	oad Balto.	°, Md. 21212
VS 150-REV. 1/1/68				

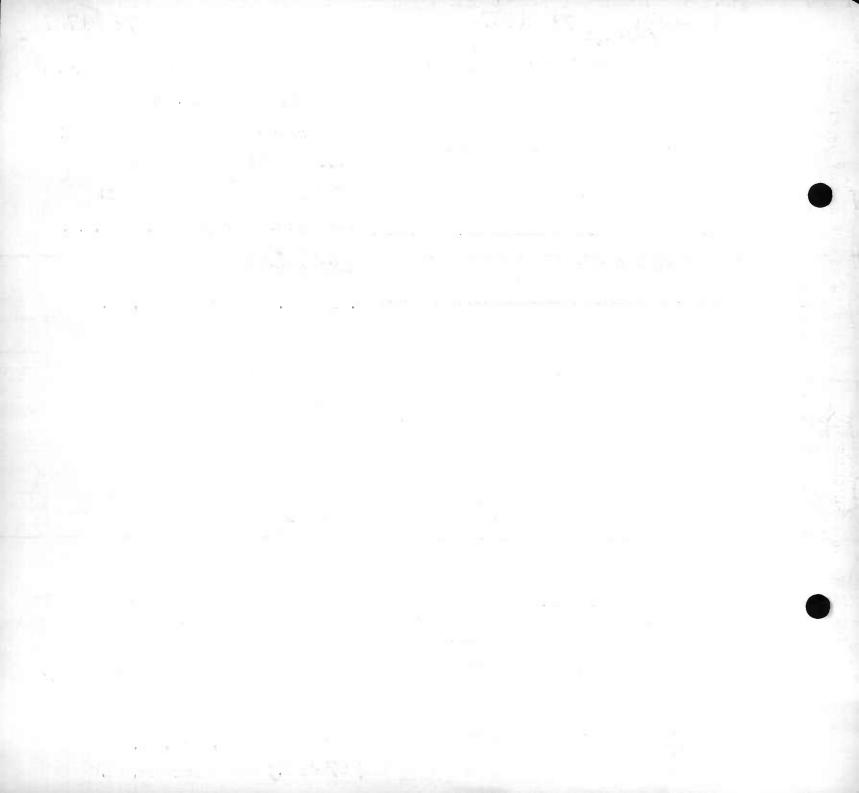
2/10/12 al Harpiter

VS 150-REV. 1/1/68

72 01706 USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES 🔀 No [Il Under 1 Yr. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimaro City, give exact location) February 14 and that In(my) copinian death accurred an the date 238, DATE SIGNED (City, town, or county) (Stote) Md. Lassahn Funeral Home 7401 Belair Rd. 21236



BIRTH NO.	Washington I	01707	/	ATE OF DEAT		72 01707
1. NAME OF	Mark J	2000000		2. DA1	E AND HOUR OF DEAT	н
3. PLACE IN	BALTIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived If	72 11:27 P N
FULL NAM HOSPITAL C	E OF (IF NOT IN HOSPIT		UTION, GIVE STREET	Maryland c. city or town	Washin	gton 7/67
114311101101				Smithsbu		SIDE CITY LIMITS? YES NO X
∑ The	Johns Hopkin	ns Hosp	oital	E. STREET AND NUMB		TES NO M.
				Rt.3 Box	244 A	
Male	Cauc.	WIDOWED		2/1/72	9. AGE (In years lost birthday)	Months Days Hours Min.
done during m	OCCUPATION (Give kind of world post of working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTR		r foreign country) n County Ho	12. CITIZEN OF WHAT COUNTRY Sp. U.S.A.
3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
Edw	ard Cline			Suellyn Gr	ubbs	
5. Wos Deci	nown) (If yes, give wor ar dole	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			SECORITI NO.	Mr. Eward M.	Cline Smiths	burg. Md.
18. 7	76.91		CAUSE OF DEA			APPROXIMATE INTERVAL
D	SEASE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
(This de	LEADING TO DEATH	4.2	(A) IMMEDIATE CA	USE HYPC	DXEMIA	13 DAY
hear tai	es not mean the mode of lure, asthenia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or	camplication which caused	deoth.)				1
	ANTECEDENT CAUSES		(B) RE	SPIRATOR	Y FAILU	RE 13 DAYS
DISEASE	S OR CONDITIONS, if the above cause (A)	any, giving	DUE TO, OR A	S A CONSEQUENCE OF:		
UNDERL	YING CONDITION last.	siding ine	(c)			
	11					
V DISEASE	GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO TO OR CONDITION GIVEN IN PAR	TI (A).		DENAL	ATRESIA	13DAYS
19A. DAT	OF OPERATION 198 CON	DITION FOR V		20A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED
21A. Add	SITZ OUC	DENI		IA VES		NO
O DEATH	DENT WAS UNDERLYING DEBUTING CAUSE OF notify medical examiner	etc.)	e, form, foctory, street, c	In ar obout 21C. WHERE DI office bldg., INJURY OCCU	D (If In Bollimo	are City, give exect location)
21D. TIM OF INJUI	TY .		INJURY OCCURRED Not Whi k At Wark	le 🗀	INJURY OCCUR?	
22, 1 cei	tify that (1) (this hospital	ottended th	e deceosed from	2/1	19.72 to	3/13 1972
	we) last saw the deceose			19.22 on		Inlon deoth accurred an the dot
and hou	ond from the couses stat	ed obove. (I	(We) (did) (did not)			
23A. SIGN	ATURE			•		23B, DATE SIGNED
X	solio Ro	a = 0.		ending Med. Director	Staff Phys.	2/17/22
23C. PHYS	ICIAN'S		DEGREE	23D. ADDRESS	- 111ys, y	1 3/13/12
LE	SIJE PE	Ab ICT	TAL MD	TAHLIC	400000	110 - 10
24A. BURIAL	CREMATION, 24B. DATE	24C.NA	ME of CEMETERY OF CR	JOHNS EMATORY 241	LOCATION (C	ity, town, or county) (State)
Buria		Cave	town Reform (
		258 NAME O		25C. FUNERAL DIREC	avetown, Wash	, Md.
FEB.	17 1972 36.6	. Valle	1 1 1 0		Davis Smiths	
S 150-REV.	1/1/6B		***			



BUKIA 25A. DATE REC'D BY HEALTH DEPT. VS 151-REV. 1/1/6B

25C. FUNERAL DIRECTOR

Anna Church Com.

25B. NAME OF REGISTRAR

Th nois & HUNT PO, 398 FAIRMONT

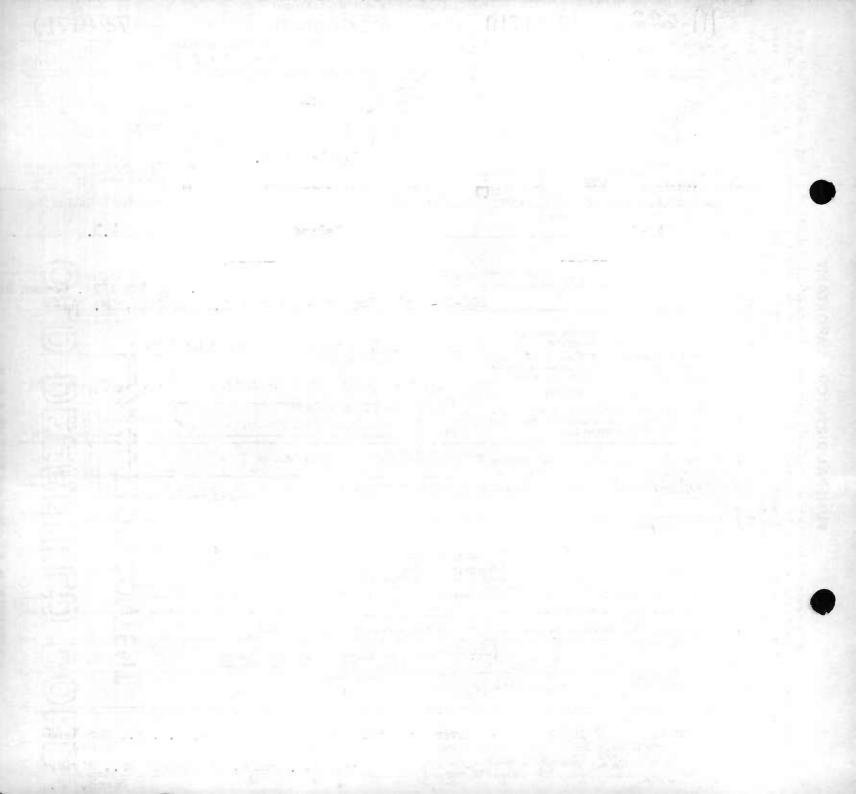
and a since the temperature the second second , in the very common of the second of the common of the co The state of the s The state of the committee

B-522 72 U17U9
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH,
---------	------------	-------------	-----------

BIRTH NO.	KEG, NO.
1. NAME OF DECEASED	2. DATE Known Doy Year Hour
(Type or Print) Donald L. Biensach	OF DEATH Estimoted 2 2 15 72 4:50 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 2 15 724:50 A.M.
Union Memorial Hospital	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) A. STATE B. COUNTY
	Maryland S. Cooki
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN [D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES NO 🗆
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
8/28/49 losi birthdoy) Monihs Doys Hours Min.	3014 Roselawn Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	Christian G. Biensach
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	
Laborer Bethlehem Steel	Rosalee Smith
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	16. INFORMANT ADDRESS AVE.
USMCR 212-50-444	41 Christian G. Biensach -3014 Roselawn
19. F X / 4. 1 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Multiple injuries
(A) IMMEDIATE (A	AS A CONSEQUENCE OF:
heart follure, osthenio, etc. It means the disease, Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B, CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	Yes
Z22A. EXTERNAL CAUSE WAS 122B.PLACE OF INJURY(e.g.,	, in or obout 22C. WHERE DID (if in Boltimore City, give exact location)
O HAIDEDLYIAICE OR COALTDID	ce bldg., etc.)(INJURY OCCUR?
UTING CLOSE OF DEATH. Street 220. TIME (Month) (Day) (Year) (Hour) 1225 INLUST OCCURRED	Northern Parkway 68' east of Rosewood
OF INTERPORT (NOT)	22F. HOW DID INJURY OCCUR? Driver of car which
	WORK X skidded on ice and hit tree
23.	. 5
	ond that on this basis, death in my opinion
resulted from Matural causes Accident & Suici	
	Peputy CHIEF MEDICAL EXAMINER X
SIGNATURE MLE	ACCICTANT MEDICAL EYAMINED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 2-15-72
NAME (Type) Werner II Spitz, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	ery Baltimore Maryland
Burial 2/18/72 Orems Cemet	
mmm 4 mt somm 1 C	Robert C. Altenburg Funeral Home, Inc.
FEB17 1972 Value & Jacken MA	6009 Harford Rd Balto. Md. 21214
VS 151-REV. 1/1/68	TO THE TOTAL

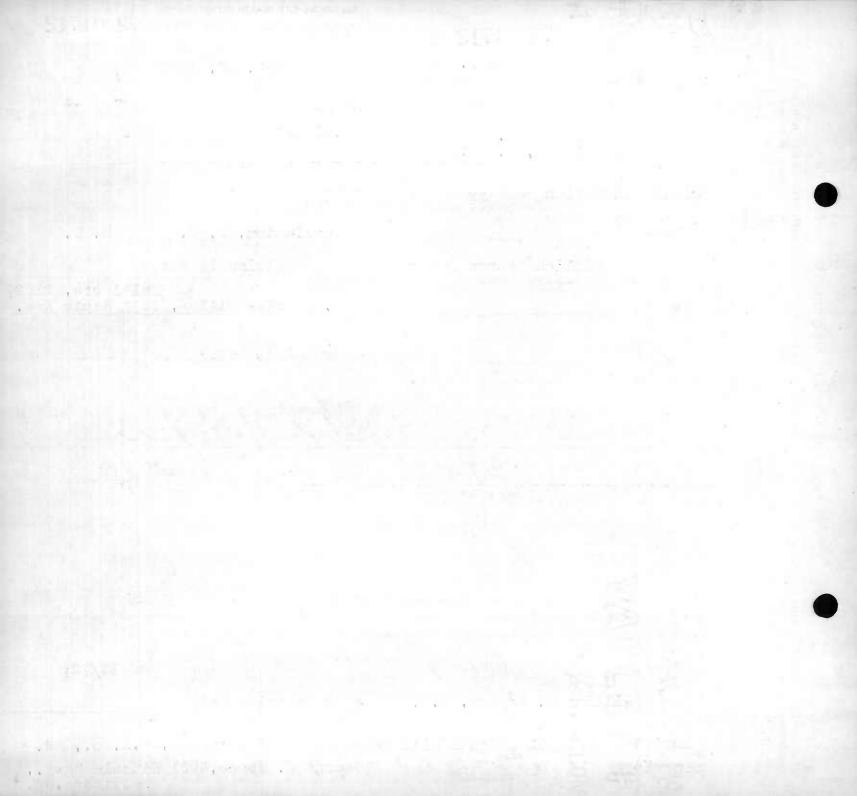
00	BALTIMORE CIT	Y HEALTH DEPARTMENT		
111-622 72 017	10 CERTIFICA	TE OF DEATH	REG. NO.	72 01710
Type or Pant) MROZIEWSK	1 ADOLPH	2. DATE AND I	HOUR OF DEATH	6.55 AM
3. PLACE IN BALTIMORE MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	scoosed lived. If instituti	ont residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland c. city of town		2403
	2		D. INSIDE C	NO
So. DACTO. GEN HOSA	,	E. STREET AND NUMBER	163	NO _
		216 Cross St.		
WIDO WIDO	RIED NEVER MARRIED DIVORCED DIVORCED		10	Under 1 Yr. If Under 24 Hrs. nths Days Hours Min.
OA USUAL OCCUPATION (Give kind of work 108, KIN lone during most of working life, even if refired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign o	country) 12.	CITIZEN OF WHAT COUNTRY?
retared		the Tend	NE ALE	n e
3. FATHER'S NAME		Poland		U.S.
	11 / 202141			ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? res, no or unknown) (if yes, give war or dates of ser	vice) SECURITY NO.	17. INFORMANT	Rt. 11.	Box 152A, Cremen
No	206-10-4738	Sophia Radziszews		
18, 195.01	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0, , 0,	100 11	SET WEEK CHOICE AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE Shock; Ken	al s mitaon	M
(This does not mean the mode of dying, heart failure, asthenia, etc., it means the dis	DUF TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	0 2	Abd Malignan	110	
ANTECEDENT CAUSES	JANA		my - wa	Elma
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR A	S A CONSEQUENCE OF:	4 1 0	
rise to the above cause (A) staling UNDERLYING CONDITION last.	the (c) Was	encic Phenno	rihis, 4 ve	1 Walifuary
11	liano			1 /
OTHER SIGNIFICANT CONDITIONS CONTRIBUT		" Metastasis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
19A. DATE OF OPERATION 198 CONDITION	FOR WHICH OPERATION	20A AUTOPSYT (Yes of No.) 2	OR IF YES, WERE FINDS	NGS CONSIDERED
19A DATE OF OPERATION 19B CONDITION WAS PERFORMED			CERTIFIED CAUSES	OF DEATH!
21A. ACCIDENT WAS UNDERLYING OR CONTUBUTING CAUSE OF DEATH Inofity medical examined	21& PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID office bidg. INJURY OCCUR?	(il In Boltimore City	, give exact location)
21D. TIME (Month) (Doy) (Year) (House	21E INJURY OCCURRED	215 HOW DID INJURY	OCCUM	
OF INJURY	While At No! Whi			
(APPROX)	Work At Work			
22. I certify that (i) (this hospital) atten-	ded the deceased from	1-20- 197	12 to 2-	14 - 19 72
that (1) (we) jast sow the deceased alive	on 2-14-	19.72 and that I	n(my) (aur) opinion	death accurred on the date
and hour and from the causes stated abo	ve. (i) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	VA VI		23 B.	DATE SIGNED
Unle		ending Med. Stat	K 🔀	2-14-72
23C. PHYSICIAN'S	DEGREE Ph	ys. Director Phy 123D. ADDRESS	5./	A 11 /-
NAME (Type) MURLI MATHUY	2 - Mg	So. Balto G	en. Hosp.	21230.
4A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY of CI		TION (City, to	wn, or county) (State)
Burial 2/16/72	llan Haman Mar	4 -7 Dowle Clark	toward in A 4 C	. Vamaland
	Glen Haven Memor	1al Park Len E	urnie, A.A.C	o., Maryland
	ALDAY ALD	George-J. Gonce		
/S 150-REV. 1/1/68	7 7 6 0 0	700		Beach, Md.



0	111 111 2			BALTIMORE CIT	Y HEALTH DEPA	ARTMENT		10.00	
BIR	H NO.	72	0171	CERTIFICA	TE OF D			72 01711	,
	AME OF DEC						ND HOUR OF DEAT		
		Miller, E	telyn V	•			10-72	9:07 AM	M.
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRON	DUNCED DEAD	4. USUAL RES	B. COUN	ere deceased lived. If	institution: residence before admi:	ssion)
HO	LL NAME OF	(IF NOT IN HOSPIT	AL OR INST	TUTION, GIVE STREET		ryland		SIDE CITY LIMITS?	3
INS	TITUTION							YES NO	
	-				E. STREET AN	timore		1E3 00 140 🗆	
	< 7	1/ **		_			12 1 A		
		Mercy Ho	ospital	, Inc.			lbrook Ave		
S. S	EX	6. RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIE	RTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Days Hours M	Hrs.
			WIDOWE	DIVORCED T	6-18-0	5	66		
IOA	USUAL OCC	UPATION (Give kind of work	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State at fare	ign country)	12. CITIZEN OF WHAT COU	INTRY?
done	during most of	working life, even if retired)							
I	lousewi	ife			Mar	yland		U.S.	
13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ME		
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		Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMAN	Т		ADDRESS	
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	ox o	TIVITA	0.7	CAUSE OF DEA	•			BETWEEN ONSET AND	
	DISEAS	SE OR CONDITION DI	RECTLY		Acute le	eukemia	of undeter	mined type	
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		BALTIMORE CITY	HEALTH DEPARTMENT		
W-300	72 0	1712 CERTIFICA	TE OF DEATH	REG. NO	72 01712
1. NAME OF DECEASE!				AND HOUR OF DEAT	
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	RE, MARYLAND, WHERE P		A. STATE B. COL		Institution, residence before admission)
HOSPITAL OR	ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland c. City OR TOWN	D. IN	ISIDE CITY LIMITS?
	+ Talbott St	•	Baltimore		YES X NO
0	Baltimore, Md	. 21225	4 Talbott	Z-t-book	
S. SEX 6. RA	CE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
Female Ca	aucasian wide	WED DIVORCED	3/12/1895	76	Willias Doys Hoois Willia
tOA, USUAL OCCUPATI		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
Housew:			Washingto	on, D. C.	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
		orge Ingley		uina Berge	
(Yes, no or unknown) (If y	in U. S. Armed Forces? es, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		Baltimore, 21227
No			Mrs. Charle	es Miller,	
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ANTE	CEDENT CAUSES	10 Maria	Such anti	res scho	us
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▼ DEATH (notify medi	col exominer)	etc.)			
W OF INITION	nth) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		While At Not While Work At Work			
22. I certify that	(1) (this hospital) atten	ded the deceosed from	Dec	197/ to 6	19/2.
that (1) (we) last	saw the deceased alive	on 10 Febru	19 7 2 ond	that in (my) (our) o	pinion deoth occurred on the date
and hour ond from	n the couses stated abo	ve. (1) (We) (did) (did nat)	riew the body after deot	n.	
23A. SIGNATURE		0			23 B. DATE SIGNED
Melles	m 1. 1	OEGREE Phy		Staff Phys.	2/11/72
23C. PHYSICIAN'S NAME (Type)		//	23D. ADDRESS		
		yson, M.D. OEGREE		iew Mall	
REMOVAL (Specific	ON, 24B. DATE	4C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION	(City, town, or county) (Stote)
Burial	2/14/72	Cedar Hill Ce	metery G	len Burnie	, A.A. Cobress Md.
SA. DATE REC'D BY H	DO DO DO ST	AME OF REGISTRAR			Ritchie Hgwy.,
/S 150-PEV 1/1/4P	JABLE E Va	Se Re R	770-80 41	G1100,4001	Baltimore, Md.
TO 100-RL TO 1/1/00					



BIRTH NO.			EXAMINER'S				-/	REG. NO)	01713	
. NAME OF DE Type or Print)	Bertha	Farle	77	2. DATE OF	Known Estimoted		onth O	12	72		
PLACE IN BA	ALTIMORE, MARYLAND,			3. DATE	Estimoted		on th	Doy	Ye		М.
ULL NAME OF		TAL OR INS	TITUTION, GIVE STREET	PRONOL	INCED DEAD	2	2	12	72	11:30	P
OSPITAL OR INSTITUTION	ADDRESS OR LOC	AllOH			SIDENCE (W	here dece		d. If instituti		nce before odmiss	
33	Johns Ho	pkins	Hospital	A. STATE Md.			В	. COUNTY		804	2
SEX	7. RACE		IED NEVER MARRIED	C. CITY OR				D. INSIDE		TS?	
female	White	WIDOV	VED DIVORCED L	Bal	ND NUMBE	n			YES X	№ Ц	
June 19	lost birthd		Months, Doys, Hours, Min								
-	(State or foreign country)		12. CITIZEN OF	13. FATHER	O Terre	IT PI	Lace				
	Lmore, Mary		WHAT COUNTRY?	R	obert	Alla	ard				
4A.USUAL OCC	UPATION (Give kind of wor	k 148. KIND	OF BUSINESS OR INDUST								
house	f working life, even if retired W11 6	a1	Home		auline	Rei	lch				
	SED EVER IN U.S. ARMI		SECURITY NO	18. INFORM					ADDRESS	S	
no			219-01-29991		dgar J	John	Far	ley-1	.730	Terrel	<u>P</u>]
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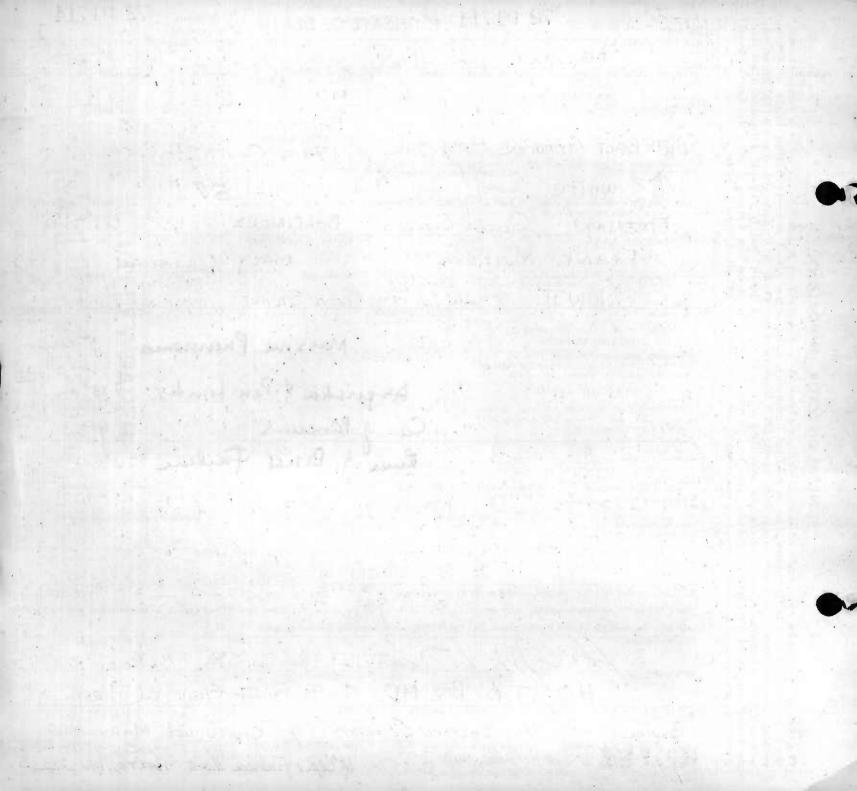
tion to antitume to the second of the second of Charles O'C: - weight and come an order-te-ch TOWNSHIP WHITE THE BUT TO BUT IS ENDINGED. position of the latest

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



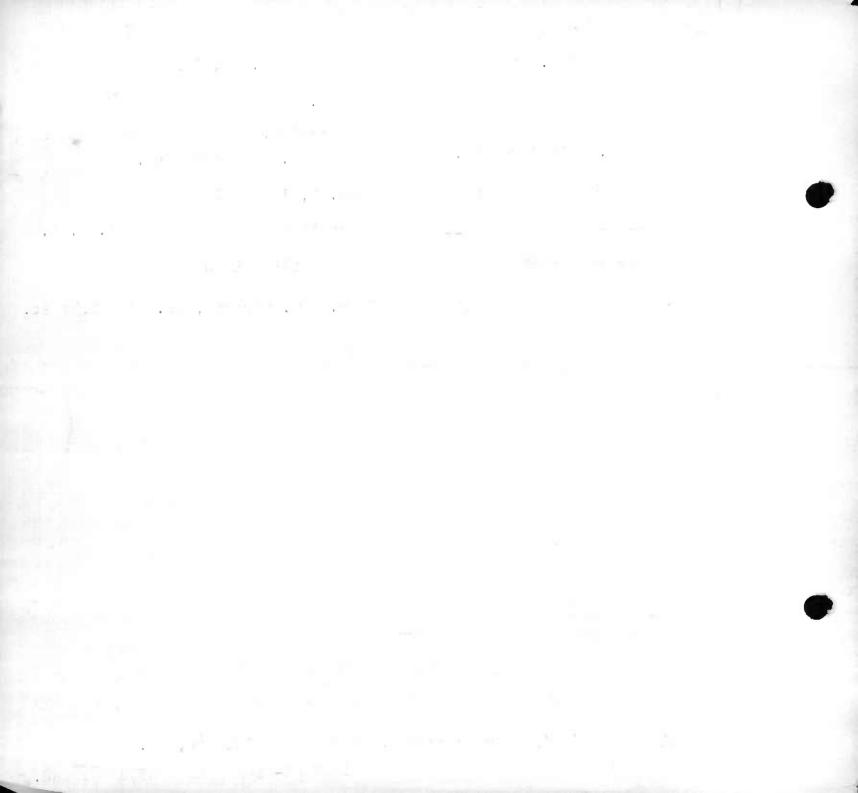
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

0 101		Y HEALTH DEPARTMENT	
G-426 72 0171	5 CERTIFICA	TE OF DEATH REG. NO	72 01715
1. NAME OF DECEASED (Type or Print) Gallagher.	Francis X.	2. Date and Hour of Death 2/11/72	1150 p M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if ins	titution: residence before admission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		MARYLAND	2712-
Johns Hopkins He	ospital	BALTIMORE	YES X NO
3 JOHNS HOPKINS		E. STREET AND NUMBER	11.0
BALTIMORE, MD 21205		5408 PURLINGTON WAY	
SEX 6- RACE 7- MARR	MED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
W WIDOW	VED DIVORCED	2/25/28 43	
OA. USUAL OCCUPATION (Give kind of work 108, KIN)	OF BUSINESS OR INDUSTRY		12 CITIZEN OF WHAT COUNTRY?
one during mast of working life, even it refired)	SHIVEN	D-343 W- 3 3	
Attorney at Law ~~	awyer .	Baltimore, Maryland	USA
A PAIRLE & HAME		THE MINISTER & MINISTER MANIE	
FRANK GALLAGHER		ELLEN DOYLE	
S. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) lif yes, give war or dates of servi	cel SECURITY NO.	17. INFORMANT	ADDRESS
		Mrs. Mary K. Gallagher-5408	Runlington Warr
18. // / O 4 8	217-20-3120 CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH		use Cardiac Arres7	75 min .
(This does not mean the mode of dying,	DUF TO, OR AS	A CONSEQUENCE OF:	, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
heart failure, authenia, etc. It means the dise injury or complication which caused death.)	ase,		
ANTECEDENT CAUSES	M	dil Testavation	90 1
	(B) 14 70 CO	ardial Infarction	70 min
DISEASES OR CONDITIONS, if any, gi	At		
UNDERLYING CONDITION fost	(c) Covo	vary ArTery Disease	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI			
 TO THE DEATH BUT NOT RELATED TO THE TERMIN C DISEASE OR CONDITION GIVEN IN PART 1 (A). 	NAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPST? (Yes of No.) 20R IF YES, WERE PIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID (If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	home, farm, factory, street, etc.)	blice bidg, INJURY OCCUR?	
	21E INJURY OCCURRED	216 HOW DID INJURY OCCUR?	
F OF INJURY	While At Not Whi		
(APPROX)	Work At Work		
22. I certify that (I) (this hospital) attend	ed the deceased from	Feb 9 1972 to Fe	b 11 1972
that (1) (we) last sow the deceased alive	on Feb 11	19_72_and that In(my) (our) opin	
and hour and from the causes stated above	e. (1) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE			23B, DATE SIGNED
James n. Ingle, 1	Dh.	ending Med. Staff	Feb 12/672
23 C. PHYSICIAN'S	DEGREE FR	23D. ADDRESS	1001-1916
NAME (Type)			T (D hal
JAMES N. INGLE	M. Dicari	Johns Hopkins Hospi	121 Baltimore Mt.
REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY of CI		, town, or county) (Stote)
	Cathedral Cemet		
Burial 2/15/72 25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF ROISTRAKEL CE	ME USC FUNERAL DIRECTOR	ADDRESS
FEB17 1972 WALES	helly MAD	Mitchell-Wiedefeld Home-	6500 York Rd. 21212
VS 150-REV. 1/1/68	- 1 mm 1		-

THE NAME OF THE PARTY OF THE PA

SAYON MELLS

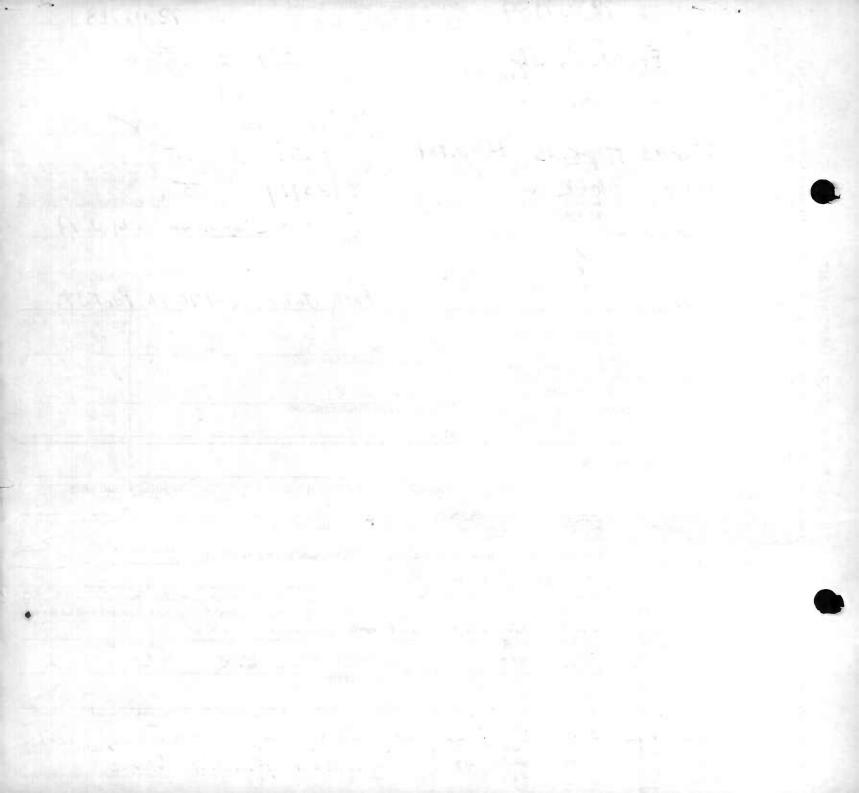
1				BALTIMORE CITY	HEALTH DEPARTMENT			
)-53 RTH NO.	6 72 01	716	CERTIFICA	TE OF DEATH	REG. NO.	72 01716	
	NAME OF DECE.	Anna M.	Sande	rs		10, 1972	1240	
3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. It inst	itution; residence before admission)	
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Md.		E CITY LIMITS?	
1	000				Baltimore YES NO DE. STREET AND NUMBER			
(9 E. Belve			429 E. Belvedere Ave.			
	F	W.	WIDOWED		Aug. 2, '84	8/	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10/	LUSUAL OCCUP	ATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	Homemaker				Maryland		U. S. A.	
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NAME			
		erman Reth			Lilly I	Dixon		
15. (Ye		ver in U. S. Armed For Il yes, give wor or dote	ces? is of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
_	No			217 64 315		catee, Jr.	11 Light St.	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH APPROXIMATE INTERV BETWEEN ONSET AND D APPROXIMATE INTERV BETWEEN ONSET AND D							
l	(This does not meon the mode of dying, e.g., heart failure, asihenia, etc., it means the disease. (A) IMMEDIATE CAUSE #*DUE TO, OR AS A CONSEQUENCE OF:							
	injury or complication which caused death.) ANTECEDENT CAUSES FIBRILLATION							
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
CERTIFICATION	rise to the obave couse (A) stoling the UNDERLYING CONDITION last, (C)						***************************************	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIATED TO THE TERMINAL DISPASS OF CONDITION GIVEN IN BUT TO THE TERMINAL DISPASS OF CONDITION GIVEN FOR THE TERMINAL DISPASS OF CONDITION GIVEN FOR THE TERMINAL DISPASS OF T							
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	OR CONTRIBUTING CAUSE OF				or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II In Boltimore C	City, give exact location)	
MEDICAL	(I(APPPOY)			While At Not While Work At Work				
	22. i certify that (1) (this hospital) attended the deceosed from Oct. 1977 19 to 3 feb. 1972							
	that (i) (we) lost saw the deceased alive an 6 cf · 37 19 21 and that in (my) (eer) apinian death occurred on the date							
	and hour and from the couses stated abave. (1) (We) (did) (did: 10th) view the bady after death.							
	23A. SIGNATURE OM / Kanny Attendi				Med. S	Shoff (T)	3R DATE SIGNED	
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS							
WILLIAM H. KAMMER JR. DEGREE 6011 YORK KD. BALTIMORE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county)								
REMOVAL (Specify)								
25/	25A DATE RECO BY HEALTH PEPTI ASB. HAART OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
Vs.	150-REV. 1/1/68	NIT AME		- 2 0	MITCHELL-WI	EDEFELD (6500 York Rd.	
4 40								



D PA U1717 BALTIMORE CITY HEA		
D 260 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	72 01717
BIRTH NO.	REG. NO.	
	2. DATE Known Month Doy	Year Haur
(Type or Print) LONNIE BAKER	OF DEATH Estimated	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 2 1.3	1972 11:35a M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution	
1204 N. Bond St.	A. STATE B. COUNTY	808
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
male negro widowed Divorced	Balto. VE	s 🛛 NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	30 1100
9-23-11 last birthday) 60 Manths, Doys, Hours, Min.	1204 N. Bond St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
AWHAT COUNTRY	1 12 0	
LAA JISHA OOGUDA TOOMIGA ALAA A ALAA A ALAA AA AA AA AA AA AA A	James Baker)
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSHNESS OR INDUSTRY dane during most of working life, even if retired)	13. MOTHER'S MAIDEN NAME)
Lahren	Betty Lu Da	Mal.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of whitenawn) (If yes, give war ar dotes af service) 17. SOCIAL SECURITY NO.	IB. INFORMANT	DRESS (1)
The war of doles of service)	Kenthy Marin-13	3277) Chipilo
19. CAUSE OF DEAT	TH THE THE THE THE THE THE THE THE THE T	APPROXIMATE INVERVAL
Fatty metamo	rphosis of liver	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY FALLY MELLING	tphosis of fiver	
(A)IMMEDIATE C		
heart foilure, osthenia, etc. It meons the disease, injury or camplication which caused death.)	AS A CONSEQUENCE OF:	
injuly di campiconan which caused deam.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O THE DEATH BUT NOT RELATED TO THE TERMINAL		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	AC DEDECTION OF	Total AllTongve (V N-)
O O	AS PERFORMED	21. AUTOPSY? (Yes ar No)
		yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, farm, foctory, street, affice	in or obaut 22C. WHERE DID (If in Boltimore City, give exo	et lacation)
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	e blog., etc.) INJOKT OCCOK:	
22D. TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT	WHILE _	
23.	ORK L	
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	tapsy 🔀 and that an this basis, death in my	_
resulted from: Natural causes X Accident Suicid	le Homicide Undetermined manner	
0./0	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE OFF-Shar M.D	ASSISTANT MEDICAL EXAMINER	DATE STOTES
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Russell S. Fisher, M.D.		2-14-72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town	, ar county) (State)
REMOVAL (Specify) 1, 19-72 mt 1.1.	COOD	+ 1.1
such da -1-12/10 Call	any come 1.4. Com	sy ma.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR A	DORESS
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VS 151-REV. 1/1/6B	The state of the s	114 111.00000
10 101 NCT, 1/1/00		1/

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	72 01718 BALTIMORE CIT	A TE OF DEATH REG. NO. 72 01718
BIR		ATE OF DEATH REG. NO. 12 (1)
1. N (Ty)	AME OF DECEASED	2. DATE, AND HOUR OF DEATH
	PLACE IN TALTIMORE MARTAND, WHEET PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institutions residence below admit
3.		A. STATE & COUNTY
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?
IIN	NOTUTION	Baltimore YEST NOT
-	The Holers Hespital	E. STREET AND NUMBER
	Jehns Hopkins Hospital	1624 E. PrATT ST.
5. 5	AA P MAKKIED NICE OF MAKKIED	8. DATE OF BIRTH 9. AGE IIn years If Under 1 Yr. IIf Under 2 Months Doys Hours A
104	V/Q/E D/Q C WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR	IT 11. B)RTHPLACE [Stole or Moreign country) 12. CITIZEN OF WHAT COU
	e during most of working life, even if retired)	South Chrolius 40. A
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	7	7
15.	Wes Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL	17. INFORMANT ADDRESS
(Yes	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Betty Johnson-1707N. Portst.
-	118. CAUSE OF DEA	APPROXIMATE INTE
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND
	LEADING TO DEATH	AUSE probable erosia of bronchistotte /Zhoc
	heart failure, authoria, etc. It means the disease,	S A CONSEQUENCE OF:
1	Injury or complication which caused death.)	- Car - D. 2 Vinoverby
	ANTECEDENT CAUSES (B) MILES	dare carriona from & dupuent home yes
1	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the above cause (A) stating the	is a consequence of:
	UNDERLYING CONDITION lost, (C)	
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
F	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
TFIC	19A-DATE OF OPERATION 119B CONDITION FOR WHICH OPERATION	20A. AUTOPSTR (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFI		1//0
A	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, iorm, foctory, street, peach in the property of the peach iorn, foctory, street, etc.)	in or about ITC. WHERE DID (If In Boltimore City, give exact location) office bidg. INSURY OCCUR?
EDIC/	21D-TIME IMonth) (Doy) (Year) IHous 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ME	OF INJURY While At Not Wh	nile
	1	Tan- 18 - 19 /2 to a Tall 17 19
	22. I certify that (I) (this hospital) attended the deceased from	
	and how and from the causes stated above. (1) (We) (did) (did not)	
	23A. SIGNATURE	view the body after death. 238, DATE SIGNED
	Ma Catto W Man A	Hending Med. Stoff 2-7-7>
	23C. PHYSICIAN'S	23D. ADDRESS
	NAME (Typel	
24/	DEGRE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
	REMOVAL (Specify)	
	Bur(1) 2-15-72 MT. (1)11-	V CEM A.A. COUNT he
25	BUNIAL 2-15-72 MT. CALVAR A. DATE SECTO BY HEALTH DEPT. 258, NAME OF REGISTRAR	Y CEM. A.A. COULT IND [25G. FUNERAL DIRECTOR ADDRESS
25	BURIAL 2-15-72 MT. CALVAR	



MEDICAL	FXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	FVWMIII 4FV 2	CERTIFICATE	OF DEATH

1	N-655 72 01719 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 01719
N. M	1. NAME OF DECEASED (Type or Print) Annie Norman No/AH Annie Norman No/AH 2. DATE OF DEATH Estimated 2 8 72 5:40 A. M
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE PRONOUNCED DEAD 2 8 72 5:40 A. M.
	OR INSTITUTION 823 Rutland Avenue 5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland
	6. SEX 7. RACE B. MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Female Negro WIDOWED DIVORCED Baltimore YES NO 9. DATE OF BIRTH 10. AGE (In years I for Under 1 Yr. If Under 24 Hrs. 10. AGE (In years I for Under 1 Yr. If Under 24 Hrs. 10. AGE (In years I for Indian I birthday) Manths Days I Haurs I Min.
	79 823 Rutland Avenue 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME
	14A. USUAL OCCUPATION (Give kind al wark) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MADEN NAME dane during most of warking life, even il retired)
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT
	(Yes, no ar unknown) (Il yes, give war ar dates of service) SECURITY NO. GOLDEN HANCE ALIENDALE PARTICIPAL APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(A) IMMEDIATE CAUSE Hypersensive and arterioscleratic (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. if means the disease, injury or camplication which coused death.) (A) IMMEDIATE CAUSE Hypersensive and arterioscleratic DUE TO, OR AS A CONSEQUENCE OF: Cardiovascular disease
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.) Yes
	222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Hame, farm, lactory, street, affice bldg., etc.) INJURY OCCUR?
	22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (APPROX.)
	23. Certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion
	resulted from: Natural causes X Accident Suicide Homicide Undetermined manner Deputy CHIEF MEDICAL EXAMINER X
	ACTUAL SIGNATURE EXAMINER'S ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 2-8-72
	NAME (Type) Werner U. Spitz. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (State)
	BUTIAL 2-17-72 MT. GIVLY CEM. A.A. COUNTY Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	FEB17 1972 Palent E Jaben MD. Elliott FUNETAL HOME
	VS 151-REV. 1/1/68

(Malon) My Kagar gardon N. Carolina HOUSEWife Polden Honce Demondole RI Joek. Burnet 2-17-72 MT Glassy CEM At County Elliot Funcial Hore

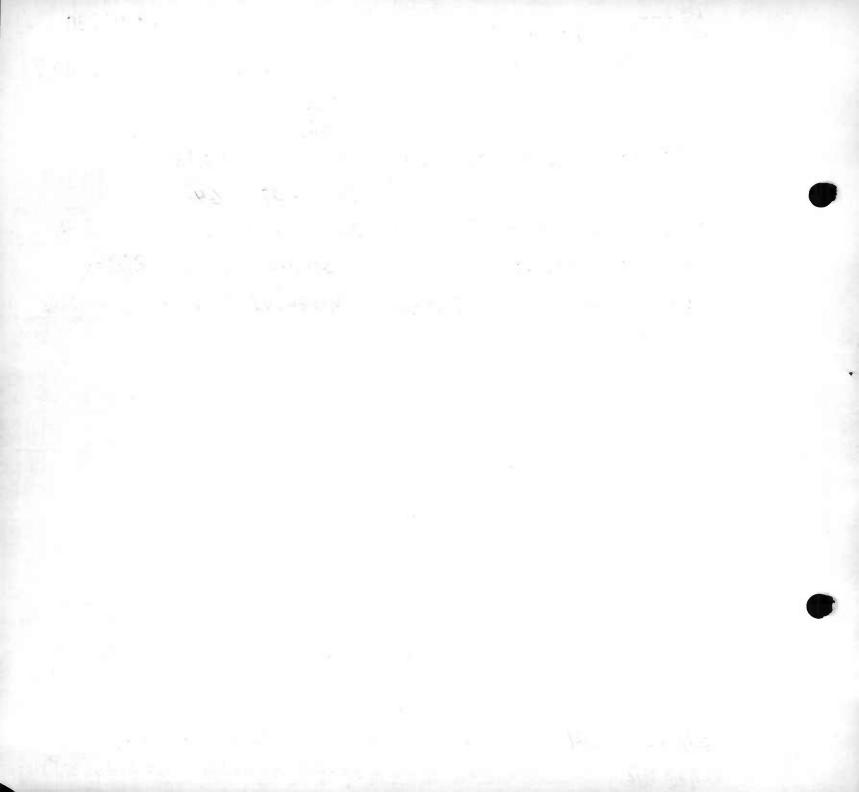


TABLE SOLVE PROBLEM BELLS BELL	2 1/0	^		BALTIMORE CITY			
INAME OF DECASID Ella Bell 3. PLACE IN BALTIMORE MARTIAND, WHERE FRONOUNCED DEAD Provident Hospital Complex; 2600 Liberty Frontier Hospital Complex 2. Sie Rece Frontier Hospital Complex 3. Sie Rece Frontier Hospital Complex 4. Sie Rece Frontier Hospital Complex 4. South Carolina City Ortown Baltimore 4. Date of Birth 1. Date of Birth 1. Date of Birth 1. Sie Rece Frontier Hospital 3. Sie Rece Frontier Hospital 4. South Carolina Complex Compl	BIRTH NO.	0 20	01721	CERTIFICA	ATE OF DEATH	REG. NO	72 01721
Provident Hospital Complex 2600 Liberty South Carolina Fill NAME of Hospital or Institution, Give Street of Hospital or North Hospital Complex 2600 Liberty Heights Sitk Provident Hospital Complex 2600 Liberty Heights Sitk Negro Provident Hospital Complex North Heights Sitk Negro Provident Heights Sitk Negro Provident Heights South Carolina Live Name Deceased Free by U. S. Amed Fotons South Carolina Live Name Deceased Free by U. S. Amed Fotons Live Name Deceased Free by U. S. Amed Fotons South Carolina Live Name Deceased Free by U. S. Amed Fotons Anticopy of Complete Heights Live Name Deceased Free by U. S. Amed Fotons Anticopy of Complete Heights Live Name Deceased Free by U. S. Amed Fotons Live Name Deceased Free by U. S. Amed Foto	I. NAME OF DEC		01102		2. DATE A	NO HOUR OF DEAT	2 md
25. SEX S. BACE AMERICAN AMER	Provider FULL NAME OF HOSPITAL OR	It Hospital Court in Hospit ADDRESS OR LOC	omplex; rat or institu ation)	2600 Liberty TION, GIVE STREET	South Carol: C.CITY OR TOWN Baltimore	Ina	VSIDE CITY LIMITS?
10. SULLI OCCUPATIONIGIVE Lind of work [10.8 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) South Carolina 12. CITIZEN OF WHAT COU JOSAA 13. FAITHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAI Deceased Eve IV U. S. Armed Rodest of Servicel Vis. no or unknown) [01 yet, give wer or delive of servicel Vis. no or unknown) [01 yet, give wer or delive of servicel DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not moon the mode of dying, e.g., heart follow, asthenia, etc, it means the disease, injury or complication which caused decitin ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, piving size to the shove cause (A) sixtling the UNDERLYING CONDITION lost. 10. OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION 20. ANTECEDENT WAS UNDERLYING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION 21. FLACE OF INJURY (e.g., in or about) 20. AUTOPST? (Yes or No.) 20. If yes, were finding course of Death Was performed 21. FLACE OF INJURY (e.g., in or about) 21. WHERE DID OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONDITION OF WHICH OPERATION 21. FLACE OF INJURY (e.g., in or about) 21. HOW DID INJURY OCCUR? DEATH incider medical examined 22. I certify that (I) (filts hospital) attended the deceased from 2-4-72 19. 19. 10. 21. FLACE OF INJURY (e.g., in or about) 21. HOW DID INJURY OCCUR? Work AT WAS A WAS PERFORMED 22. I certify that (I) (filts hospital) attended the deceased from 2-4-72 19. 19. 10. 21. FLACE OF INJURY (e.g., in or about) 21. HOW DID INJURY OCCUR? Work AT WAS A WAS PERFORMED 22. I certify that (I) (filts hospital) attended the deceased from 2-4-72 19. 19. 10. 22. DATE SIGNED	01	2600 Liber	ty Heigh	ts		ourt	
South Carolina U.S.A.				= =		9. AGE (in years lost birthdoy)	Months Doys Hours
13. WES Decessed Ever by U. S. Armed Forces? 14. WES Decessed Ever by U. S. Armed Forces? 15. WES Decessed Ever by U. S. Armed Forces? 16. SOCIAL SECURITY NO. 214-22-7549 18. J. INFORMANT WILLIE M. COLEMAN; ADDRESS WILLIE M. COLEMAN; WILLIE M. COLEMAN; ADDRESS ADDRESS ADDRESS ADDRESS WILLIE M. COLEMAN; WILLIE M. COLEMAN; APPROXIMATE NITES ELEMENT NO. 214-22-7549 WILLIE M. COLEMAN; WILLIE M. COLEMAN; APPROXIMATE NITES ELEMENT CAUSE OF DEATH APPROXIMATE NITES ADDRESS APPROXIMATE NITES ADDRESS APPROXIMATE NITES APPROXIMATE NITES ADDRESS APPROXIMATE NITES APPROXIMATE NIT	done during most of	working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY			
State of Condition Directly Leading to Death Cause of Death			+ /	11	14. MOTHER'S MAIDEN NA	AME K	11
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, e.g., heart failure, astherial, etc. It means the disease, injury or complication which caused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION for CONTRIBUTING (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). OTHER SIGNIFICANT CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION OF THE TERMINAL DISEASE OF THE THE THE THE THE TERMINAL DISEASE OF THE TERMINAL DISEASE OF THE THE THE THE THE TERMINAL DISEASE OF THE TERMINAL DISEASE OF THE THE THE THE THE THE TIME ON THE TERMINAL DISEASE OF THE THE THE THE THE THE TIME ON THE TERMINAL DISEASE OF THE THE THE THE THE TIME ON THE TERMINAL DISEASE OF THE THE THE THE TIME ON THE TERMINAL DISEASE OF THE THE THE THE TIME OF THE TERMINAL DISEASE OF THE THE THE TIME OF THE TERMINAL DISEASE OF THE THE THE TIME OF THE TERMINAL DISEASE OF THE THE THE TIME OF THE TERMINAL DISEASE OF THE THE THE TIME OF THE TERMINAL DISEASE OF THE THE THE TIME OF THE TERMINAL DISEASE OF THE THE THE TIME OF THE TERMINAL DISEASE OF THE THE THE TIME OF THE TERMINA	15. Was Deceased (Yes, no or unknown	Ever by U. S. Armed Fo	rtes? es of servicel	16. SOCIAL SECURITY NO.		Cochi	
OR CONTRIBUTING CAUSE OF home, farm, factory, street, office bldg, INJURY OCCUR? DEATH (notify medical examined) Not white Property	heart failure	to about the mode of	delan an				_
DEATH (notify medical examined etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While At Work 22. I certify that (I) (this hospital) attended the deceased from 2-4-72 19 to2-1772 19 that (I) (we) last saw the deceased alive on 2-17- 19 72 and that In(my) (our) opinion death occurred on the and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.	DISEASES (ise to the UNDERLYING) OTHER SIGNII	astheria, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e ebove cause (A) G CONDITION lact II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI FOFERATION 179% COM	any, giving stating the Contributing the Contributing the Contributing the Contribution for Western Fo	(6) DUE TO, OR AS	Anteurs cl		
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5				BALTIMORE CITY				MO	04700
1)-	250	72	2 01"	722 CERTIFICA	TE OF	DEATH	REG. NO,	15	01722
BIRTH N	OF DECEASED				-		ND HOUR OF DEATH		3
(Type or		CHARLES	F. Dr	Chon XXXX		Feb.	16, 1972		3 30 A. M.
3. PLAC	E IN BALTIMOR	E MARYLAND, W	HERE PRON	OUNCED DEAD	A. STATE	B. COU		nstitution; les	idence before admission)
HOSPITA	L OR A	DORESS OR LOCA	AL OR INST	TITUTION, GIVE STREET	C. CITY OF	ryland	In INS	IDE CITY LIN	NITS?
TUTIT2 NI		A 2 7 A			Bal.	timore		YES 🔼	№ □
0	0 3304	Ailsa Av	enue			AND NUMBER Allsa A	wenue		
5. SEX	6. RAC	E	7. ALADDIE	DE NEVER MARRIED	8. DATE O	F BIRTH	9. AGE (In years	If Under	1 Yi. , If Under 24 His.
mal	Le cau	casian	WIDOWE		June 5	5, 1889	lost birthdoy) 82	Months	Doys Hours Min.
		N (Give kind of world lile, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHP	LACE (Slole or for	eign country)	12. CITIZE	N OF WHAT COUNTRY?
Dia	mond Se	tter				more, Md		1	USA
13. FATH	ER'S NAME				14. MOIH	ER'S MAIDEN NA	AME		
		m Dychon					St	touffer	
1S. Wos (Yes, no o	Deceased Ever in runknown) (If yes	U. S. Armed For s, give wor or dote	rces? es of service		17. INFORA				ADDRESS
	no			218-32-1818A	Mrs.	Helen C	. DuChon		Same
18. /	412,4	1		CAUSE OF DEAT	TH .	urotie.		BE	APPROXIMATE INTERVAL
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(This		an the made at	dying, e.	(A) IMMEDIATE CA			mar aux	aac .	face
		io, elc. Il means on which caused		ie,	A CONSEQU	ence or.			
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UNI	DERLYING CON			(C)					
¥ 10 1	THE DEATH BUT	CONDITIONS CO	HE TERMINA					_	
		ON GIVEN IN PAR		R WHICH OPERATION	20 A. AL	TOPSY? (Yes or)	o) 208. IF YES, WERE	FINDINGS (CONSIDERED
19 A. 21 A.	DATE OF OTER.	WAS PER	FORMED			no	IN CERTIFYING CA	USES OF D	EATH?
V DEA	ACCIDENT WAS		+	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, ctc.)	in or about 2 office bldg., It	IC. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give	exoct location)
		th) (Day) (Year)	(Hour) 2	1E. INJURY OCCURRED	2	F. HOW DID IN	JURY OCCUR?		
E (APP	PROX.)			While At Not Whi					
22.	1 certify that (I) (thi s hospit a	I) attended	the deceased fram. 1	ran ?.	1952	19 to F-1	616	1972.
that	(1) (we) last :	saw the decease	ed alive a	Frb 14-	19	72 and 1	hat in (my) (our) ap	inian death	accurred an the date
	haur and fram	the causes sta	ted abave	(1) (We) (did) (did nat)	view the bo	idy after death	•	23 B. DATE	SIGNED
23M.	A. I	2)		Δ+	ending	Med.	Staff		16/72
226	94	Haw	pro/	Phy GEGREE	ys. W	Director L	Phys.	1	10/12
230.	PHYSICIAN'S NAME (Type)	r. G. J.	Sa wye	r, Jr.	23D. ADDRI		ford Rd, Bal	to, Md	. 1
	RIAL CREMATIO MOVAL (Specify)		24C.	NAME of CEMETERY OF CR	REMATORY	24D.	LOCATION (C	city, town, or	county) (State)
В	urial	2/18/	72 P	arkwood Ceme	tery .	INERAL DIRECTO	Baltimore	Mary	land
ZOA. DA	1 Q 400	R. C. C. Bis	S S A	Z APP C	Le	nard J.	Ruck, Inc		
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1	2	BALTIMOR	E CITY	HEALTH DEPARTMENT		
BIR	72 01	1723 CERTIF	ICA.	IL OI DLAIN	G. NO.	2 01723
	pe or Printl William	R Butle	. ~	Sr. 2. DATE AND HOUR C	-72	6:15 P.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. If institution:	residence before admission)
FU HC	LL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION)	R INSTITUTION, GIVE STREET	eT .	C, CITY OR TOWN!	D. INSIDE CITY	1307
15	Mary land Ger	and House	14	Baltimore	YES []	NO 🗌
	Mary Much Ger	4 esar (1705/17		E. STREET AND NUMBER 505 W. UN	eiversity	pkwy.
5. :	SEK 6. RACE 7. M	ARRIED NEVER MARRIE	D 🔲	B. DATE OF BIRTH 9. AGE (In lost birthdo	Mantha	or 1 Yr. Il Under 24 Hrs. Doys Hours Min.
	Male XX Cauc win	DIVORCE	D 🔲	11-26-02	69	
	USUAL OCCUPATION (Give kind of work 108, 8 to during most of working life, even if refired)	. //	USTRY	11. BIRTHPLACE (State or foreign country)	12, CI1	ZEN OF WHAT COUNTRY?
	Suvervison Teles	CAP Telent	lue	Virginia		U. S. USA
13.	FATHER'S NAME	1-16		14 MOTHER'S MAIDEN NAME		
	Sigmund L Butler			Ann Loretta Demp	sev	
15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (it yes, give war or dotes of a	16. SOCIAL		17. INFORMANT		ADDRESS BOX 201
116		SECURITY NO.		William D Dutla	P.O.	
	18. 7.01/	CAUSE OF		William R Butler	or. Temo	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTL		1	anny conquete	ion 4	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIA	TE CALIS	· Alconia	edema	
	(This does not mean the mode of dying heart failure, asthenia, etc., it means the d	DUE TO		CONSEQUENCE OF:		
	injury or complication which caused death	Bro	no	hapnecemonea,	deffuse	
	ANTECEDENT CAUSES	411	1/2	ne de la centra		
	DISEASES OR CONDITIONS, If any,	giving (B) DUE 10,	OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) statis	ng the	Ch	roveic her mesto cust	Si Loulen	L'
	ONDERENING CONDINON (GEL	(0)	^			
HON	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER	MINAL HOUSE	cers	Julithule,	r	
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	J	20A AUTOPSYZ (Yes or No) 20B, IF	YES. WERE FINDING	S CONSIDERED
ERTIFIC	2 WAS PERFORM	ED WHICH OFEREION	16	20A AUTOPSYE (Yes or No.) 20B. IF IN CERT	IFTING CAUSES OF	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noify medical examined	home, form, factory, si	Y (e.g., in treet, offi	or about 21 C. WHERE DID (III	In Boltimore City, gi	
MEDI	210-TIME (Month) (Doy) (Year) (He	ud 21E INJURY OCCURR	ED	215. HOW DID INJURY OCC	U R?	
Z	(APPROX)	White At N	ot While			
	22. I certify that (i) (this hospital) atte			1:31 197(to	14 19.72
	that (1) (we) last saw the deceased all	ve on 2 14	**********	19 72 and that In(my)		ath occurred on the date
	and hour and from the causes stated a	bove. (I) (We) (did) (did	not) vi	ew the body after death.		
	23A. SIGNATURE	٨			23 B, D/	TE SIGNED
	Workall H. III	semme MI DEGR	Atter Phys.	ding Med. Staff Phys.	- 2	11/72
	23C-PHYSICIAN'S NAME (Type)		2	3D. ADDRESS	1.1	
	1 1 1 1 1 1 1 1 1	irman MO	DECAPE	Manuland (re	n - Hosn	ital
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	of CRE	MATORY 24D. LOCATION	(City, town,	or county) (State)
	Burial 2-18-72	Lornaine C	om	U Polt-	Ma	
		Lorraine Co	elli.	25C. FUNERAL DIRECTOR	Md.	ADDRESS
	FEB18 1972	ASSESSED LE OF	400		Inc. Bal	to. Md. 2121
L-SVS	150-REV. 1/1/68	and the second	+	O DEAUST OF D WACK	THE, Dal	to. Md. 2121/

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BIRTH N	-620	12	0178	5 CERTIFIC	CATE OF DEATH	REG. NO.	72 01725
	E OF DECPASED						
(Type or	Printl /		Λ.	2 2 2 11 2 2		AND HOUR OF DEATH	0.1
		ARTURY			E MARTIN 2	16/72	101. SO A.M.
3. PLAC	E IN BALTIMOI	E MARYLAND, V	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission)
FULL N	AME OF 1	IF NOT IN HOSPIT	AL OF INS	TITUTION, GIVE STREET	MARYLAN		2716
HOSPIT	AL OR	DDRESS OR LOC	ATION)	IIID HON, GIVE STREET	C. CITY OR TOWN		TOT CITY HARCO
INSTITU	IION						SIDE CITY LIMITS?
0		11.00.00		- R T.	BALTIMOR		YES NO
100	1641	Hazriiy	1 01	F BALTO.	E. STREET AND NUMBER	O. 1 A	- 3 6
					3028 Co	Salind Au	re. 21215
5. SEX	6. RA	CE	7- MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 11-95	9. AGE (In years)	If Under 1 Yr. , If Under 24 Hrs.
1	ALE	₩HITE	WIDOWE		I XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	lost birthday)	Months Days Hours Min.
IOA USU	AL OCCUPATIO	ON (Give kind of worl		OF BUSINESS OR INDUS		teion country	12. CITIZEN OF WHAT COUNTRY?
done duri	ing most of working	life, even if retired)				icign county!	12. CHIZER OF WHA! COURING
CA	RPENTER		7.51		RUSSIA		USA
13. FATH	ER'S NAME				14. MOTHER'S MAIDEN N	AME	
WO	TEE				MOLITE	2	
	LFE				MOLLIE	?	
Yes, no o	Deceased Ever i	n U. S. Armed For	ces?	SECURITY NO.	17. INFORMANT	2215	ADDRESS
YE	11.			2237111 1136	DETCMANI EINEDAL	HOME 2315-1	17 N. BROAD STREET
18.	V . W	• A		CAUSE OF DE	REISMAN FUNERAL	HOME, PHILAI	DELPHIA, PA, 19132
10.	4/2,4			CAUSE OF DE	Ain		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR	CONDITION DI	RECTLY				
		ING TO DEATH		(A)IMMEDIATE	CAUSE ATHEROSCI	EROTIE (CARDIOVASCULAR
(Thi	s does not me	an the mode of	dying, e.	DUE TO OR	AS A CONSEQUENCE OF:	***************************************	THE PLANT OF THE PARTY OF THE P
neo	n failure, asiner	nia, etc. It means on which caused	the diseas	0,		D:SEASE	
1110							
	ANTEC	EDENT CAUSES		(8)			
		ONDITIONS, II		DUE TO, OR	AS A CONSEQUENCE OF:		***************************************
		ve couse (A)	sloting 1	10			
UN	DERLYING CON	ADITION last		(c)		***************************************	
		11					
O OTH	ER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	3			
A DISE	ASE OF CONDITI	NOT RELATED TO THE	HE TERMINA	L		***************************************	************
U 19A.	DATE OF OPER	ATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	VOI 208, IF YES, WERE	FINDINGS CONSIDERED
		WAS PERI	FORMED		No.	IN CERTIFYING CA	USES OF DEATH?
CHAPTER CATION	ACCIDENT WA	S UNDERLYING	1 12	R PLACE OF INTIIN		jit a de te-	City of the city o
000	CONTRIBUTING	CAUSE OF	" h	ome, farm, factory, street,	g., in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(It In Beltimor	ro City, give exoct locotion)
0	TH (notify medic	ol examined	e	icil			
D 21D.	TIME IMent	hi 1Doyl IYeon	Hour) 2	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
₹ OF I	NJURY ROXJ			Vhile At Not V			
IAPP	KUZJ		Ý	Vork At W	ork		1
22.	certify that (I) (this hospital) attended	the deceased from	2 15	19 7 T f 91_	2 16 1972.
				1			
		ow the decease				•	nian death accurred an the date
ond	haur and from	the causes stat	ed above.	(I) (We) (dld) (dld not) view the body after death		
	SIGNATURE	_	1				238, DATE SIGNED
	Α.	- I ven F	21510	m p	Attending Med.	Stoff ()	7/1/2-
22.6	AUVOLOLOUG	11-1	E1 224	DEGREE	hys.	Phys.	16/72.
230.	PHYSICIAN'S NAME (Typel			34a ti	23D. ADDRESS		
		REAT	A. 1	PETSAS M.	2 SINAI HO	PRITAL O	F BALTIMORE
24A. BUI	RIAL CREMATIO		1240	NAME of CEMETERY of	REE , , , /	, , , , , ,	1
REA	MOVAL (Specify)		240.	ALMET OF MEMIETERS OF	CREWIA TORY	LOCATION (Ci	ty, town, or county) (State)
RE	MOVAL	2-16-72	2 M	LEBANON		COLLINGDALE.	PENNSYLVANIA
25A. DA	TE REC'D BY HE			OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
ren 1	0 1070	Robert E.	E. Can	K.D.			REISTERSTOWN ROAD
P. P. M	10 13/6	Controller and			0 1: 2 0		
1, Carl 44.	REV. 1/1/68						

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EMOVAL

	3-620 72	01726		HEALTH DEPARTMENT	REG. NO	72 01726
1.1	TAME OF DECEASED pe or Print)	11		2. DATE AND H	OUR OF DEATH	. 15
3.	PLACE IN BALTIMORE, MARYLAND.	WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (Where de	ceosed lived. If institu	ution: residence before admission)
H	ILL NAME OF (IF NOT IN HOSPI SSPITAL OR ADDRESS OR LOC	TAL OR INSTITUT	ION, GIVE STREET	a. STATE B. COUNTY Many and C. CITY OR TOWN	1. 10 10 - 1	CITY LIMITS?
-	mt. Singi	Junsin	70000	E. STREET AND NUMBER	Y	ES NO
5. 5	SEX 6. RACE	teight	SIffe DIZIS	8. DATE OF BIRTH 9. A	ydole,	Jd. 2120
-	FEMALE WHITE	WIDOWED W	DIVORCED	\$ 157, 882 lost	birthdoy) N	f Under 1 Yr. If Under 24 Hrs. lanths Days Hours Min.
don	USUAL OCCUPATION (Give kind of wa e during mast of working life, even if retired)	IN 108, KIND OF B	USINESS OR INDUSTRY	11. SIRTHPLACE (Stote or foreign c	ountry)	2. CITIZEN OF WHAT COUNTRY?
_	HOUSEWIFE	AT HOM	ME .	RUSSIA		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	XXXXXXXXXXXXXXX	BENJAMIN	N ADLER	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX, ADA	STEINBERG
15. Ye:	Was Deceased Ever in U.S. Armed Formation or unknown) (If yes, give war ar do	es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	NO			MRS. FANNIE WOLFE	, 3308 CLAR	KS LANE, APT.E #15
	DISEASE OR CONDITION D		CAUSE OF DEATH	umoria, ters	simil	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the made o heart foiture, asthenia, etc. It mean injury or camplication which cause	i dying, e.g., s the disease,	DUE TO, OR AS	SE A CONSEQUENCE OF:	Jean les	us 5 Grals
	ANTECEDENT CAUSE		and	same (or	sastens 10	1 .7 las
	DISEASES OR CONDITIONS, if	any, giving	DUE TO, OR AS	ACONSEQUENCE OF:	lenge	6 4010
	UNDERLYING CONDITION last.	siding the	(c) D/	iteles / hall	ules .	3 / 603
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	Carela	epartes NT.	appas	a 4 years
RTIFIC	O	RFORMED	ICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 IN	B. IF YES, WERE FINI CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CAL	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PL home, etc.)	ACE OF INJURY (e.g., in form, factory, street, aff	or about 21 C. WHERE DID INJURY OCCUR?	(li In Boltimore C	ity, give exact location)
MEDI	21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E, IN White Work	At Not While	21F. HOW DID INJURY	OCCUR?	
	22. I certify that (I) (this hespita			Lauch 5 160	8 - 710	1 /4 1072
	that (i) (we) last saw the deceas	ed alive an	Jel 17		(my) (our) o piniar	death accurred an the date
	and have and from the causes sta	ted abave, (i) ((We) (did)-(did not) vi	ew the bady after death.		
	23A. SIGNATURE	Tein	Phys	ding Med. Staff		2/14/72
	PHYSICIAM'S NAME TYPE NUEL	EUIN	DEGMEE)	3D. ADDRESS PARK HOTS	AUE, BAL	TO MD 2/2/5
24A	BURIAL CREMATION, 248, DATE	24C. NAM	TE of CEMETERY OF CRE	MATORY 24D. LOCAT	ION (City, t	own, or county) (Stole)
	BURIAL 2-16-72	2 BETH	TFILOH	BAL	TIMORE, MAR	YLAND
25A	FEB 18 1972 Page	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS EISTERSTOWN ROAD
VS	150-REV. 1/1/68					

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BULLUTAT STATES III

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11.1-2.14	TY HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 72 01727
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
LI LILAN MYTNIC	X 2/15/72 13:50Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARY LAND GENERAL	BALT. YES NO
HOSPITAL.	E. STREET AND NUMBER
	1301 MCMECHEN ST. Apt. 308
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	
13. FATHER'S NAME	BALTIMORE, MARYLAND USA 14. MOTHER'S MAIDEN NAME
LOUIS WIENER	GUSSIE LICHENSTEIN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknawn) (If yes, give war ar doles af service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO NO	MR. JULIUS MITNICK, 6210 PARK HGHTS. AVE., APT
18.4/2.3 CAUSE OF DEAT	TH . APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY ARGENU	of CHROTIC HEART DISTAND BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAI Heart failure, asthenia, etc. it means the disease. (A) IMMEDIATE CAI DUE TO, OR AS	A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, it any, giving ise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	A CONSEQUENCE OF:
	Management
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 2 21A. ACCIDENT WAS LINDERLYING.	
O DISEASE OF CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	in at about 21C, WHERE DID
DEATH (natity medical examine) etc.)	ince side index. Occor.
OF INJURY (Manife) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not While At Work	° 🔲
22. I certify that (1) (this hospital) attended the deceased from	2-15 1972 to 2-15 1972
that (i) (we) jast saw the deceased alive an 2-15	19 72 and that in(my) (aur) apinian death occurred on the date
and haur and from the causes stated above. (i) (We) (did) (did not) v	iew the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
23C. PHYSICIAN'S DEGREE Physician'S	Andress Andress Andre An
NAME (Type)	0 0 9 m
24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CEARLED OF CREATERY OF CRE	MATORY 24D. LOCATION (City, tawn, or county) (Stote)
BURIAL 2-16-72 CHIZUK AMUNO (AR	(Side)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
FEB 18 1972 (Robert E. Raiber, 12 0)	SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

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1750	10	01728	BALTIMORE CI			
BIRTH NO.	Ves Wee			ATE OF DEATH	REG. No	72 01728
1. NAME OF DE (Type or Print)				2. DATE AN	ID HOUR OF DEAT	Н
	CELIA LEVINE			Febru	uary 13, 19	772 6:00
3. PLACE IN BA	LITIMORE, MARYLAND, 1	WHERE PRONOL	UN CED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before oc
FULL NAME OF	F (IF NOT IN HOSPI	TAL OF INSTITU	JTION, GIVE STREET	MARYLAND	1 ALT	0 47
HOSPITAL OR	ADDRESS OR LOC	ATION)	PROMOTOR STREET	C. CITY OR TOWN	ID IN	ISIDE CITY LIMITS?
0. /						YES NO
9/1	LEVINDALE HEB	REW HOME		E. STREET AND NUMBER		152 140
-/-	IIDD	TOPIL			TTELD DOLD	
5. SEX	6. RACE	7. 14 4 Days D	NEVER MARRIED	3116 THORN	9. AGE (In years	
	WHITE				last birthday)	Months Doys Hours
Female	Human	WIDOWED		May 10, 1890	81	
done during most o	f working life, even if retired)	IND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT C
	HOUSEWIFE	1000	OME	NEW YORK		USA
3. FATHER'S NA			Divito	14. MOTHER'S MAIDEN NAM	AE	USA
	MORRIS LEVINE					
	d Ever in U. S. Armed Fo		11 (20 21 21	JENNIE ?		
Yes, no or unknow	n) (if yes, give war or dot	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			052-28-4744	MR. WILLIAM LEV	INE. 3116 T	CHORNETEID ED
18. // /	AXI		CAUSE OF DEA	ATH	1112, 5110 1	APPROXIMATE IN
DISEA	SE OR CONDITION DI	RECTLY				BETWEEN ONSET AN
	LEADING TO DEATH			ALISE PULMONARY EMB	OLT	DAYS
(This does	not mean the mode of	dying, e.g.,	(A) IMMEDIATE C	S A CONSEQUENCE OF:		DUID
heart failure		the disease				
injury or con	, asthenia, etc. 11 meons	death 1	501.0,0	3 A CONSEQUENCE OF:		
injury or cor	mplication which caused	death.)		3 A CONSEQUENCE OF:		
injury or con	mplication which caused ANTECEDENT CAUSES	death.)		-		
DISEASES	mplication which caused ANTECEDENT CAUSES OR CONDITIONS. if	death.)		AS A CONSEQUENCE OF:		
DISEASES	mplication which caused ANTECEDENT CAUSES	death.)	(8). DUE TO, OR A	-		
DISEASES	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if no obove couse (A)	death.)		-		
DISEASES nise la lh	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if se obove couse (A) G CONDITION last.	any, giving	(8). DUE TO, OR A	-		
DISEASES rise la lh UNDERLYIN OTHER SIGNII TO THE DEA	ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO T	any, giving slaling the	(8). DUE TO, OR A	-		
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DISEASES rise la lh UN DERLYIN OTHER SIGNII TO THE DEAL DISEASE OR CO 179A. DATE OF CONTRIBUTION OF CONTRIBUT	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last. II FICANT CONDITIONS CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	any, giving slaling the STRIBUTING HE TERMINAL TO	(B) DUE TO, OR A (C) WHICH OPERATION PLACE OF INJURY (e.g., form, faciary, street,	20A. AUTOPSY? (Yes HXX)	(If In Bolling	es
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VS 150-REV. 1/1/68

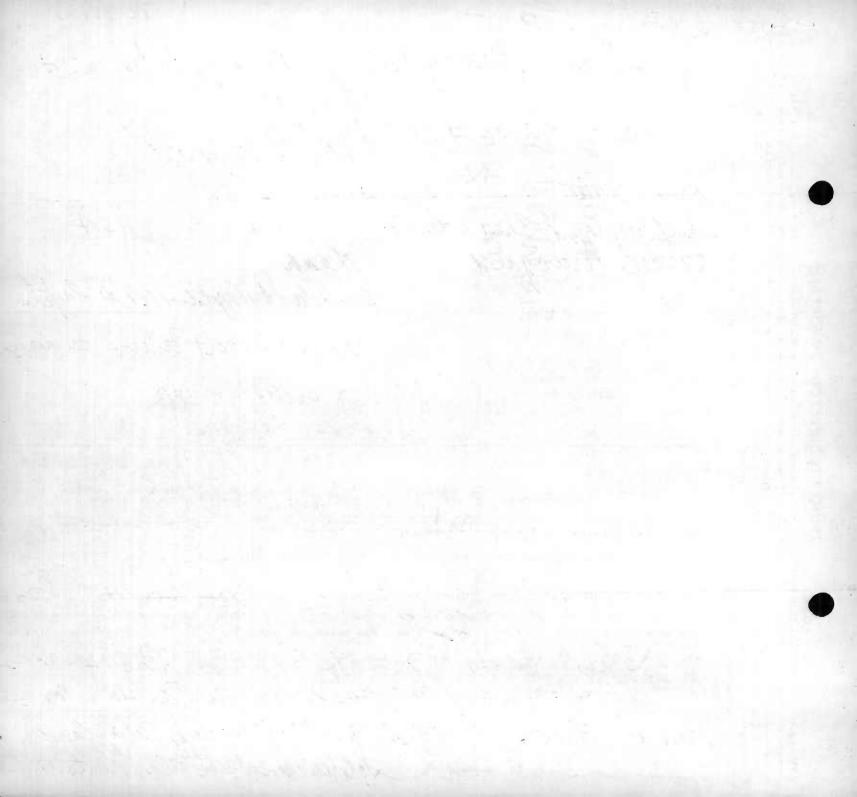
BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

ADDRESS

If Under 24 Hrs. Hours Min.



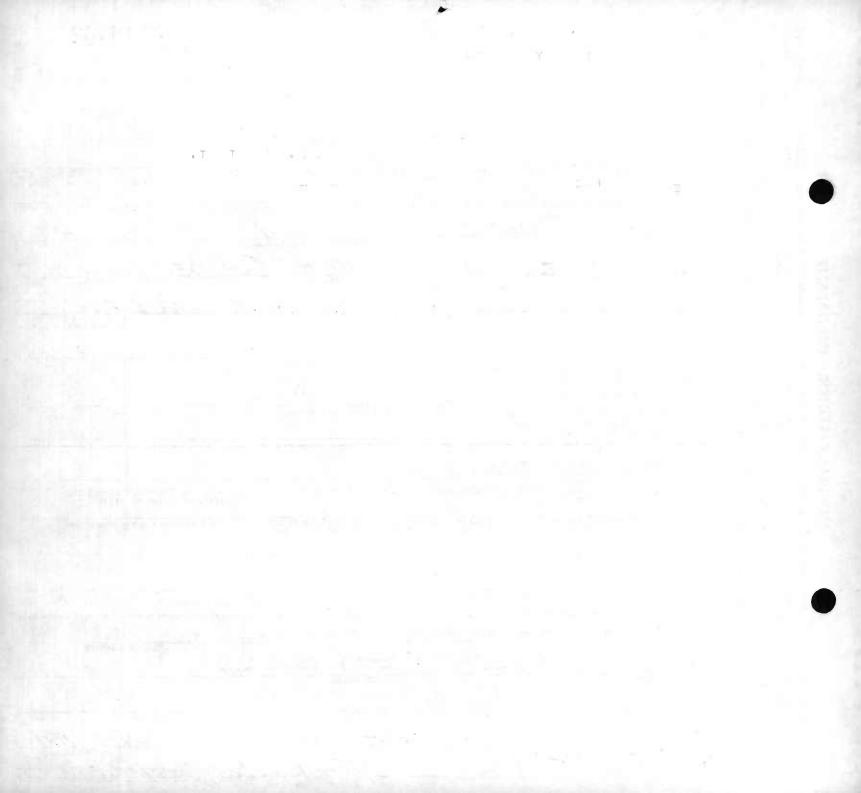
VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

a hospital and

1/ 220		BESTIMORE C	TY HEALTH DEPARTMENT		
PIRTH NO.	72 01	732 CERTIFIC	ATE OF DEATH	REG. NO	72 01732
(Type or Print)	STANLEY K	(US ZYK	2. DATE A	15 (7)	635
3. PLACE IN BALTIMO	RE MARYLAND, WHERE	PRONOUNCED DEAD		nere deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	IF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	C. CITY OR TOWNORE	D. IN	ISIDE CITY LIMITS?
3 Jakas	Ha. Ki	Hospital	E. STREET AND NUMBER		YES NO
30 0	1,03,0		2002 E. FL	EET ST.	
MALE	VHITE WIL	ARRIED NEVER MARRIED DOWED DIVORCED	11-13-92	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATE done during most of working	DN (Give kind of work 108, I g life, even if refired)	AND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE (State or for	reign countryl	12. CITIZEN OF WHAT COUNTRY?
PRINTERS	S	-IF-EmployEd	POLARDO		11.S.A
O L	V	1/1/	14. MOTHER'S MAIDEN NA	AME	1
15. Was Deceased Ever	in U. S. Armed Forces?	1 (OECEASE)	17. INFORMANT	SRY GE	(deceased)
(Yes, no or unknown) (If ye	s, give wer or deles of s	SECURITY NO.	many	2	
18. / 2 /	01	CAUSE OF DE	ATH NISE	Vn 2000	APPROXIMATE INTERVAL
	CONDITION DIRECTL	Y	2	1	BETWEEN ONSET AND DEATH
(This does not me	ING TO DEATH	(A) IMMEDIATE C	AUSE CONSEQUENCE OF:	1007 9	rest 2 days
heart failure, asthe	nia, etc. It means the d ion which caused death	isense.	S A CONSEQUENCE OF:		^//
ANTE	CEDENT CAUSES	(0)	CVA		2 days
DISEASES OR CO	ONDITIONS, il any,	giving DUE TO, OR	AS A CONSEQUENCE OF:		7-9
UNDERLYING CO	NOITION last	(c)			***************************************
E ITO THE DEATH RUT	CONDITIONS CONTRIB	MINAL			
	ATION GIVEN IN PART 1 (A) ATION 198 CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSYT (Yes of N	10) 208 IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING DEATH (notify medic	CAUSE OF	21B PLACE OF INJURY (e.g home, form, factory, street, etc.)	office bldg. INJURY OCCUR	(If In Boltime	ore City, give exact location;
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(APPROX.)		While At Wo Not W	hile 🔲		
		nded the deceased from	2/14	19 <u>72</u> ta	2 / 15 19 72
	sow the deceased oils		19_7_2ond t	hat in (my) (our) op	Inlan death occurred on the dote
and hour and from	the couses stated of	ove. (I) (We) (dld) (did nat)	view the body after death.		Van Dare stone
() 1	(VO)		Hending Med, Director	Shaff	23R DATE SIGNED
23C. PHYSICIAN'S NAME (Typel	CARC C	DEGREE P	23D. ADDRESS	Phys.	12/12/12
	Michele	Coclinipegal	1 Balti	nore C	ty - Hook tel ?
24A. BURIAL CREMATIC REMOVAL (Specify)	N, 24B. DATE	24C. NAME of CEMETERY of C		LOCATION (C	City, lown, or county) (State)
BURIAL 25A, DATE REC'D BY HI	2-19-72	SACRED HEA	ext of MARY (rundalk.	BALTO Md
FFR 1 R 10	72 P. R. & F. S	AME OF REGISTRAR	25C. FUNERAL DIRECTO	-6	ADDRESS 401
VS 150-REV. 1/1/68	S. America best		Janus W. R.	EUER YOU	DSINC SCHESTE



IMPORTANT

FUNERAL DIRECTOR:

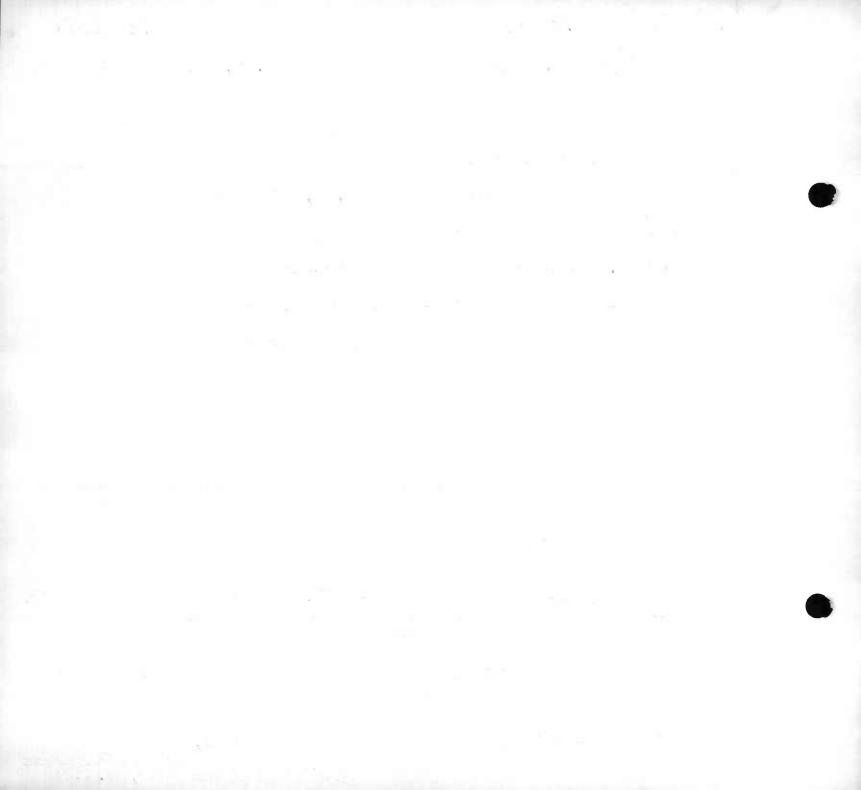
F) = 60	20			Y HEALTH DEPARTMENT		72 01733
BIRTH NO.	12	0173	3 CERTIFICA	TE OF DEATH	REG. NO	
NAME OF DEC		,		2. DATE ANI	HOUR OF DEATH	
	HENRY 1	SEHR ()	no middle n			215
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence belore admission
FULL NAME OF	OF NOT IN HOSPI	TAL OR INSTIT	UTION GIVE STREET	MARYLAND	•	11/02
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN	D INS	IDE CITY LIMITS?
8				BALTIMORE	D. 1143	YES NO
MARYLA	ND GENER	RAL He	SPITAL	E. STREET AND NUMBER		1E3 K
				35 W. PR.	ESPON ST	7.
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years	il Under 1 Yr. , If Under 24 Hrs
MALE	CAUCASIAN	WIDOWED		02/22/1883	ast birthday)	Months Days Hours Min.
OA, USUAL OCC	UPATION (Give kind of wor	rk 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)				coomiy,	0
Retired Gardener Gardenir 3. FATHER'S NAME			ning, etc.	GERMANY		! U.S.A. !
ATAINEKS NA				14. MOTHER'S MAIDEN NAM		
	Unknov				Unknow	n
Was Deceased	Ever in U. S. Anned Fa	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No ?	, yes, give war ar an	es or services	SECURITY NO.	HOSPITAL C	HART	
118.///	1/1:		CAUSE OF DEATI	1		
4/1	, G.		CAUSE OF DEATI	н		BETWEEN ONSET AND DEATH
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hearl failure,	ashenia, etc. It means	s the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
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UNDERLYING	G CONDITION last.	slaling the				
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0	WAS PER	FORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
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1 \ ~ (' // 1 ') () () ()	ATE OF DEATH REG. NO. 72 01735
1. NAME OF DECEASED (Type or Print) Margaret E. Jones	2. DATE AND HOUR OF DEATH Feb. 15, 1972 12:15- P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. It institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore 21230 D. INSIDE CITY LIMITS? YES NO NO
1734 South Hanover Street	E. STREET AND NUMBER 1734 South Hanover Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired Housewife Own Home	Maruland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph J. Whittington 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown!) lift yes, give wor or doles of service! SECURITY NO.	Florence
11	17. INFORMANT ADDRESS
No 216 54 6345	V Calvin & Jones
DISEASE OR CONDITION DIRECTLY	A Jan / To / A + 2
IThis daes not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	34
	AS A CONSEQUENCE OF:
rise la the above cause (Al stating the UNDERLYING CONDITION last.	S A CONSEQUENCE OF:
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OP CONTENDITING CAUSE OF	office bldg., INJURY OCCUR? (II in Boltimare City, give exact location)
DEATH Inotify medical examined elc.) 21D.TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED While At Not Wh	21F. HOW DID INJURY OCCUR?
Work L At Wor	
22. 1 certify that (1) (this hospital) attended the deceased from that (1) (see) last sow the deceased olive on 2 ~ / 2 -	19 2 and that in (my) (con) apinian death accurred an the date
and hour and from the couses stated abave. (1) (He) (did) (did not)	The date
23A. SIGNATURE	238, DATE SIGNED
l l l l l l l l l l l l l l l l l l l	hending Med. Staff C
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 2-19-72 Loudon Park (em	etery Baltimore, Maryland
FEB 1 8 1972 258, NAME OF REGISTRAR	130 East ADDRESS Avenue 130 East ADDRESS Avenue 130 East ADDRESS Avenue 130 East ADDRESS Avenue
VS 150-REV. 1/1/68	The basy Through nome Laws, Tu, 212)0



VS 150-REV. 1/1/68

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B-500	1			HEALTH DEPARTMENT	222 112	72 01736
BIRTH NO.		<u>1736</u>		TE OF DEATH	AND HOUR OF DEAT	
(Type or Print)	ELIZABETH	E.	BINGEL		ruary 14, 19	
3. PLACE IN BALT FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	A. STATE 8. CO Maryland C. CITY OR TOWN	DUNTY	institution: residence before admission) NSIDE CITY LIMITS?
00	2214 Chris			Baltimore E. STREET AND NUMBE	R	YES X NO
	Baltimore,	Mary la	nd 21223	2214 Christ:	ian Street	
Female	6.RACE White	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-18- 1890	9. AGE (In years lost birthdoy) 81	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		108. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Homemake				Maryla:		U.S.A.
13. FATHER'S NAM	A E			14. MOTHER'S MAIDEN	NAME	
John	Chrisstler			Anna		
S. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ices? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		12.46	215-05-		orlan, 2214 (Christian St. 21223
DISEASES O	plication which caused INTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	any, givin	DUE TO, OR AS	A CONSEQUENCE OF:	Heart De.	vine gypun
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OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	ho	B. PLACE OF INJURY (e.g., iome, form, foctory, street, o	n or obout 21 C. WHERE DII	O (If in Soltin	nore City, give exoct location)
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		ted above.	(I) (We) (did) (did-nor)	riew the body ofter dea	th.	
23A. SIGNATU	un Pilu	luck	DE MO AH	ending Med. S. Director	Stoff Phys.	2/16/72
23C PHYSICIAL NAME (Ty	John P	. Url		23D. ADDRESS 1227 Washing	ton Blvd., B	altimore, Md.
24A. BURIAL CREA	AATION, 248. DATE	24C.I	NAME of CEMETERY OF CR	EMATORY 241	LOCATION	(City, town, or county) (State)
Burial	2-17-1	972 We	estern Cemetery	В	altimore, Ma	ryland
25A. DATE REC'D	BY HEALTH DERT.		OF BEOLSTRAR	2SC. FUNERAL DIREC		ADDRESS
FEB18	1912 Valley	E. Silve	200 17	Howard H. H	ubbard, 4107	Wilkens Ave. 21229

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II. P. P. E.

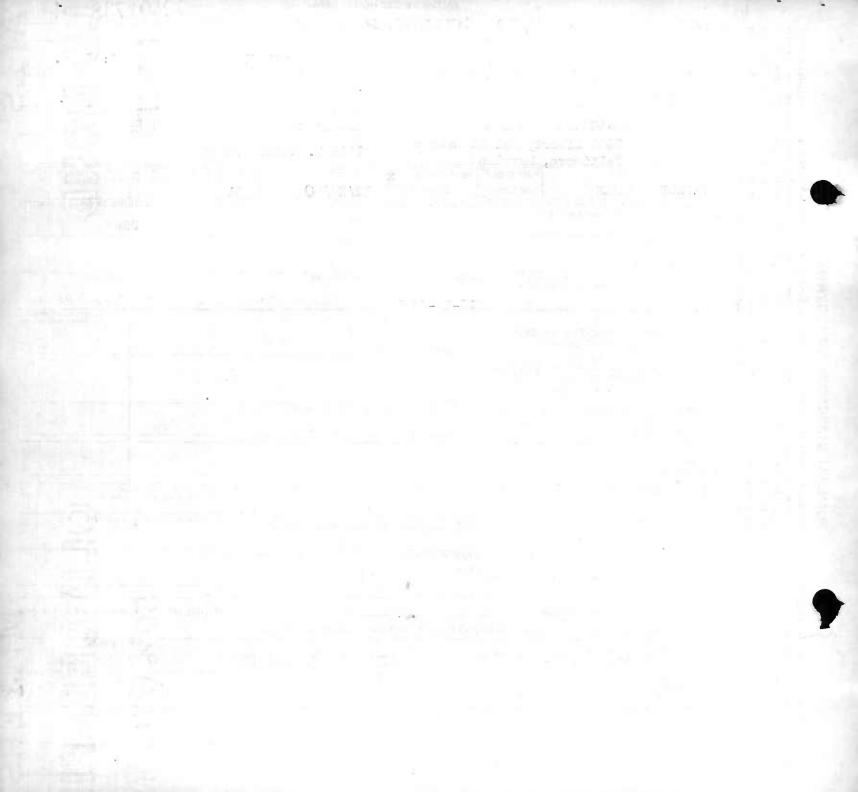
8-340 72 01737 BALTIMORE CITY HEALTH DEPARTMENT

	•			
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

Dorc		MED	ICAL	EXAMINER'S C	CERTIF	ICATE OF	DEAT	H REG. NO	72 [1737
I. NAME OF DEC	FASED				2. DATE	Known 🔲	44 4h		V	Tu-
(Type or Print)		Will:	iam Ba	ttle Jr.	OF	Estimated	Month	Doy	Yeor	Hnur
4. PLACE IN BAL	TIMORE, MA			NOUNCED DEAD	DEATH 3. DATE	Estimoted [Month	Doy	Yeor	Hour M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTITUTION)	JTION, GIVE STREET		OUNCED DEAD	2-	16	72	8:10 P.M
UK INSTITUTION	Uni	on Mem	orial	Hospital	S. USUAL A. STATE	Maryland		ed. If Institution B. COUNTY	residence b	efore admission)
6. SEX	7. RACE		8. MARRIE	NEVER MARRIED	C. CITY C			D. INSIDE CIT	Y LIMITS?	
Male	Negr	0	WIDOWE			Baltimore		Ve	s X	но 🗆
9. DATE OF BIRT		IIO. AGE (In	veors I	Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		12	3 11	NO L
Sept. 1,	1937	lost birthday	" "	onths Doys Hours Min.		413 East 2	4th St	reet		
11. BIRTHPLACE (S	tote or foreig	n country)	12	. CITIZEN OF	13. FATHE	R'S NAME				
Nash Co.	, North	Carol	ina	WHAT COUNTRY?		William Ba	ttle.	Sr.		
done during most of w	PATION (Give	e kind of work	4B. KIND C	F BUSINESS OR INDUSTRY	15. MOTH					
Laborer	olenia meter	on memecy				Mattie Wat	son			
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFO	RMANT 207 AT	bermar	le Ave	DRESSRO	cky Mt.
no	(ii yes, give w		or service,	JECORITI NO.	Stoke	es Mortuary		N. Ca	arolin	a 27801
19.	191			CAUSE OF DEA	тн					PROXIMATE INTERVAL
DISEAS	E OR COND	ITION DIREC	CTLY							TEN ONSE! AND DEA!!
N. C. C. C. C.	LEADING TO	DEATH		(A)IMMEDIATE C	AUSE IT	travenous	narcot	ism		
(This does n	ol mean the osthenio, etc.	mode of dyl	ing, e.g., diseose,	DUE TO, OR A		QUENCE OF:				
Injury or con	plicotion whic	h coused deo	th.)							
1A	TECEDENT (CAUSES		(B)						
DISEASES O	ABOVE CAL	ONS, IF ANY	GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:		*******		
UNDERLYIN	G CONDITI	ON LAST.	ino ine	(c)						
<u> </u>		U		(0)						
O THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMIN	G AL						
20A. DATE OF				R WHICH OPERATION WA	S PERFOR	MED			21. AUTO	PSY? (Yes or No)
0 0										Yes
	VAL CAUSE		22	B.PLACE OF INJURY (e.g.,	in or obout	22C. WHERE DID (If In Boltimor	e City, give exoc	t locotion)	105
UNDERLYING UTING CA			ho	me, form, foctory, street, office	bldg., etc.)	INJURY OCCUR?				
		oy) (Year) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN.	URY OCCU	R?		
(APPROX.)			m		WHILE T					
23.										
l cert	Ify that I he	eld an Ir	nquiry	Inspection Aut	apsy K	and that an th	is basis,	death in my	pinlon	
result	ed from: No	atural caus	es 🗴	Accident Sulcid	• 🗆 F	lamicide 🔲 🛚 🗓	Jnde termin	ed manner		
ACTUAL	11	n	0	0		CHIEF MEDICAL E	XAMINER			DATE CICNED
SIGNATI	JRE	corps	7, 0	foringate MD	ASS	ISTANT MEDICAL E	XAMINER	X		DATE SIGNED
EXAMIN				11	ASS	OCIATE MEDICAL E	XAMINER			2-17-72
NAME (T		Charles	S. ST	ringate, M.D.						
24A. BURIAL CREA	γ)	4B. DATE		24C. NAME of CEMETERY	ar CREMAT		OCATION	(City, town,		(Stote)
transit-bi	arial 2	-20-19 DEPT		Stoney Creek	laca			, North		
FEB18	1972	Robert !		NE OF REGISTRAR		FUNERAL DIRECTO Varshall W.			Wees 5	21213
VS 151-REV. 7/1/68			19 7	2 0				,		

THE SPACE COLD WITH STREET TO SEE STATE OF THE SECOND SECO

TOU	t.		BALTIMORE CIT	Y HEALTH DEPARTMENT	7	2 01738
BIRTH NO.	72	01738	CERTIFICA	ATE OF DEATH	REG. NO	~ 02700
I. NAME OF DEC		-	, ,	2. DATE	AND HOUR OF DEAT	н
(Type or Print)	PAICH.	1 cab	Olle me	Cordy) 2/1	16/72	5:45 p.
3. PLACE IN BA	LTIMORE MANYLAND	WHERE PRONG	UNCED DEAD	4. USUAL RESIDENCE IN		institution: residence before admissio
FULL NAME OF HOSPITAL OR	(IF NOT IN HOS	PITAL OR INSTI	TUTION, GIVE STREET	MD		150
NOITUTITEN				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
- A	PROVIDENT	HOSPITA	L	BALTIMORE		YES X NO
37	2600 Lib	erty Hei	ght Avenue	E. STREET AND NUMBER		
	Baltimor					
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
FEMALE	BLACK	WIDOWED		12/29/20	51	
			F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f	oreign country!	12. CITIZEN OF WHAT COUNT
one curing most et	working life, even if refire		HOSPITAL	MD		USA.
3. FATHER'S NA	ME	SINAI	1403111AL	14 MOTHER'S MAIDEN N	LAME	00.7
		_	1. 10. 17		3	
WILLI		LSABEL		SELENA G:	RAY	
5. Was Deceased	d Ever in U. S. Armed	Forces? lates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO			215-16-5531	human 7	SABELLE	720 ALLENDALE
	0,01		CAUSE OF DEA			APPROXIMATE INTERVA BETWEEN ONSET AND DE
UNDERLYIN	G CONDITION last.	7	(c)	Probetic	Andre	77
E TO THE DEA	TH BUT NOT RELATED TO	O THE TERMINAL			******	
	F OPERATION 198 C	ONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
E	WAS	ERFORMED			IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDE OR CONTRIB DEATH (notif	ENT WAS UNDERLYING TAUSE OF y medical examines	21 ho	B. PLACE OF INJURY leagues, farm, factory, street,	in or about 21 C. WHERE DID office bldg. INJURY OCCUR	(If in Boltim	nore City, give exact location)
21D. TIME	(Month! (Doy) 1Ye	at) (Hout) 21	& INJURY OCCURRED	21f. HOW DID	INJURY OCCUR?	
(APPROX)	Feb. 16, -	12/ W	hile At Not Wh	ile		
		W	OIK C AT WOR	(1_)		
			the deceased from		19 to	19
that (I) (we) last sow the dece	used alive on,		19and	that in (my) (our) o	pinion deoth accurred an the d
ond have as	nd fram the causes	stated above.	(i) (We) (did) (did not)	view the bady after deat	h.	
23A. SIGNAT		CO 1				238 PATE SIGNED
IN	au l	1 Col	DL	tending Med.	Stoff Phys.	10/6/97/
23C. PHYSICI	ANS	1/1	DEGREE "	23D. ADDRESS	111700	1 11 11 1
NAME	Typel 1/0V	C070	CON	Providen	I Ihm	Both No 21
140 4118141 65	G NIET		DEGRE	E	1000100	(City town or count)
24A. BURIAL CR REMOVAL	(Specify) 248 DATE	24C.1	NAME of CEMETERY of C	REMIATURE 240	LOCATION V	(City, town, or county) (State
BURIA	2 2-21	-72 /	REBUTUS HE		BALTO,	Ind.
25A, DATE REC'	1070		OF REGISTRAR	25C. FUNERAL DIRECT	OR U. BRILL	EN ADDRESS
LFRTA	19/2 1850	E. Valbe	was a	KELSON F.	H. 1348	CALHOUN ST.
VS 150-REV. 1/1	/68		7 49-Sa 18-7	7 7 3		



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before the remains are

obtained

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VS 150-REV. 1/1/68

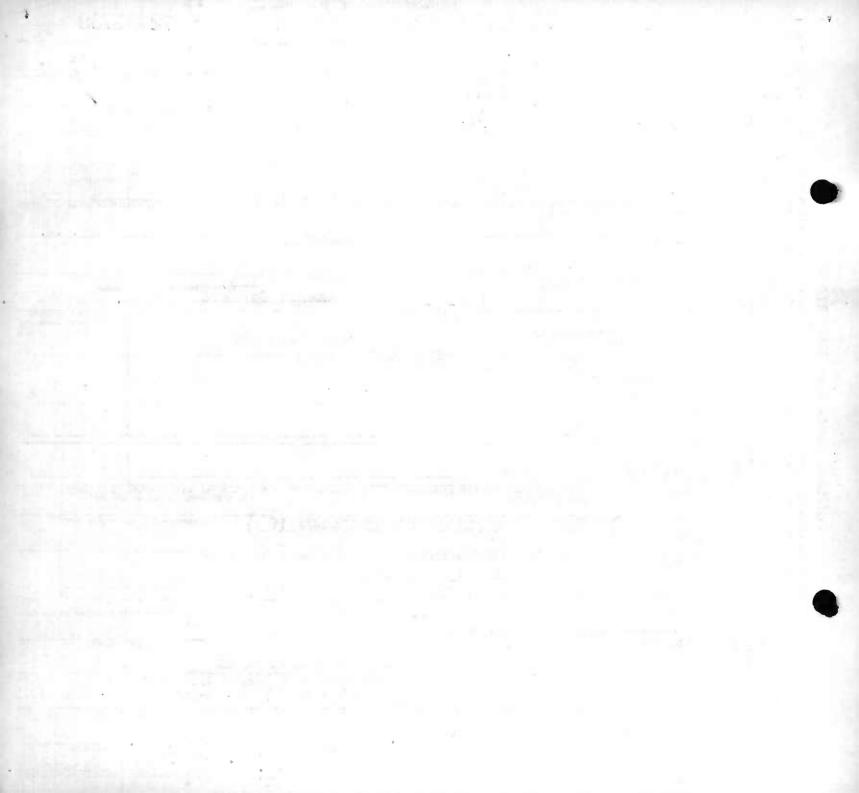
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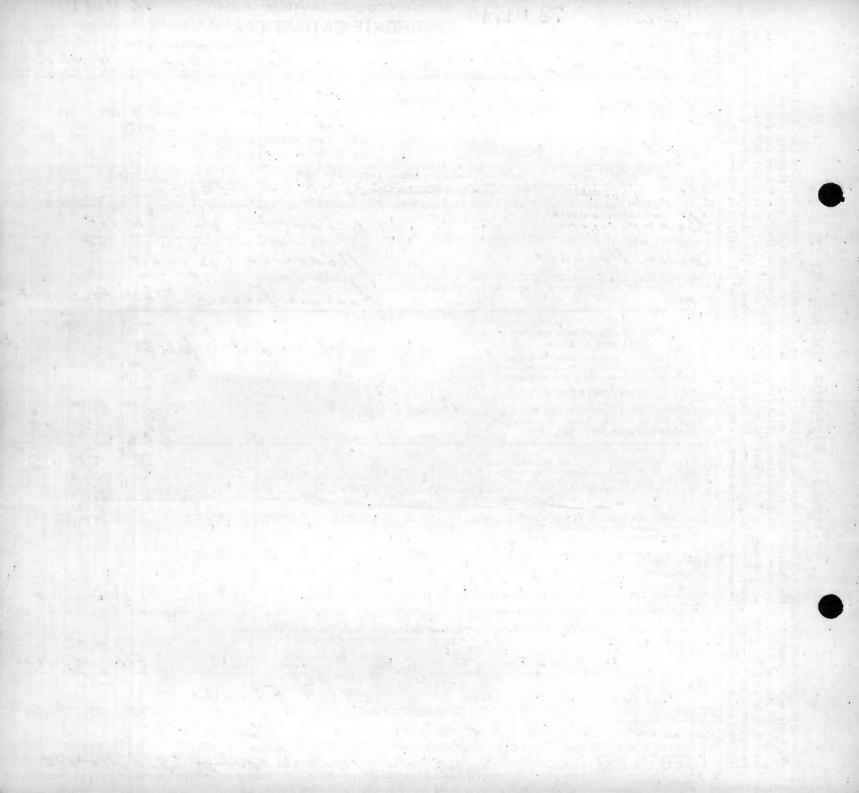
Was

eceased

BALTIMORE CITY HEALTH DEPARTMENT 72 01739 CERTIFICATE OF DEATH I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH Willliam B. Garnett ETT (Type or Print) EB. 15. USUAL RESIDENCE IWhere deceased lived. If institution residence, STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION Mandand (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 1940 Eastern Avenue Baltimore, Maryland NO YES E. STREET AND NUMBER by Hospitals AMVALLE 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) Il Under 1 Yes If Under 24 Hrs. 6. RACE MARRIED NEVER MARRIED Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of wor 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jenifer Garnett Virgina Boyd 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ot unknown) (II yes, give war or dates of service) ADDRESS 6- SOCIAL (wife) SECURITY NO. no Wilhemenia Garnett 1203 W. Lanvale 215-03-1090 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH DISEASE OR CONDITION DIRECTLY AMDIO RESPINATORY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: tdeHocarupoma of the Stomach ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYZ (Yes or No! 218 PLACE OF INJURY lead, in or obout 21 C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (Il in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined 21 D. TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work February 15 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) iast sow the deceased alive on. and that in(my) (our) opinion deoth occurred on the dote and hour and from the causes stated above. (1) (We) (did) (did not) yiew the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending K 23D. ADDRESS 23C. PHYSICIANS Baltimore City Hospitals NAME (Type) 4940 Eastern Avenue Baltimore, Maryland 21224 Richard Love DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) (State) 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) 24D. LOCATION 2-19-72 Arbutus Mem. Baltimore. 258 NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR V. Bailey Kelson F Calhoun St.

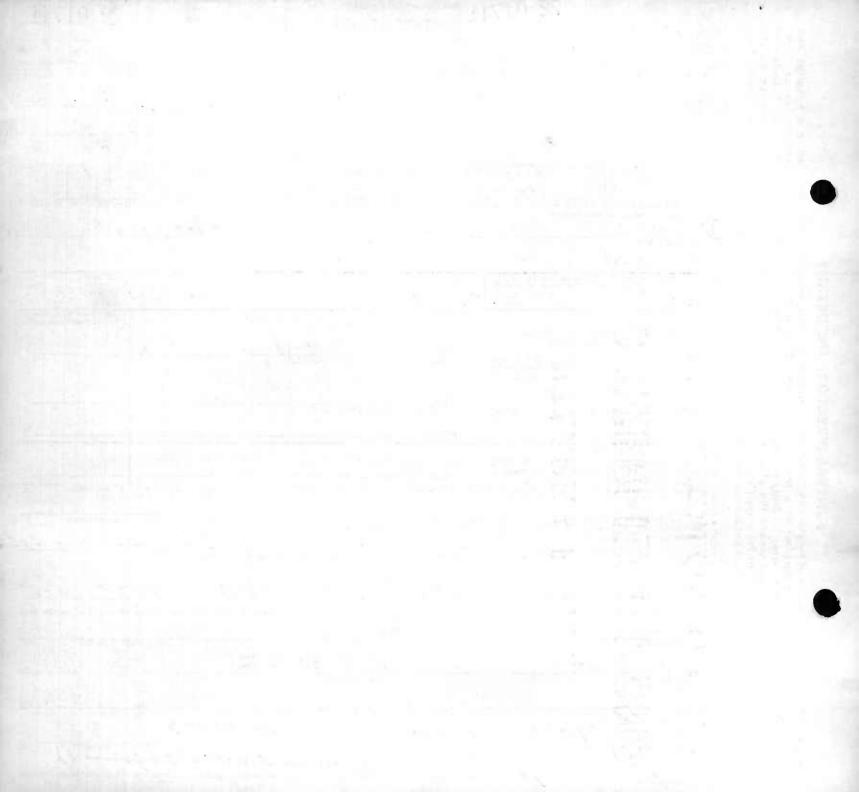


	-6-01-		TE OF DEATH	DEC NIO	
		CERTIFICA	IE OF DEATH	REG. NO.	10-01740
	TH NO. AME OF DECEASED		2. DATE AND	HOUR OF DEATH	12 0111
		DROTHY		14-1972	
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. II	institution: residence belore odmissi
FUI	LL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAN		1604
но	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
0			BALTIMORE		YES NO
<	St Agnos Odosp		SOY N. F.	eron A	ut
5. S	EX 6. RACE 7. MA	RRIED NEVER MARRIED		AGE (In years	If Under 1 Yr. II Under 24 H Months: Doys Hours: Min.
1		OWED DIVORCED	3/21/1924	47	
	USUAL OCCUPATION (Give kind of work 10B, K) Jung most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	/	12. CITIZEN OF WHAT COUNT
1	SOAUPICIAN		Accomnce	e VA	a.s.R.
3. 1	FATHER'S NAME	DITTO NAME OF	14. MOTHER'S MAIDEN NAM		
V	JOHN POULSON		15EATRICE	Congo	EST
	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	-	ADDRESS
res	(If yes, give wor or dotes of so	SECURITY NO.	LEANANA POU	LUON S	SCN Pays on Sc
	18. 1 1 9 1	CAUSE OF DEAT	H		APPROXIMATE INTERVA
	DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DE
	LEADING TO DEATH		ise my of a classica consequence of:	1 ulso	chien
	(This does not mean the mode of dying	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the d injury or complication which caused death.		V		
Н	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if ony,	(B)	A CONSEQUENCE OF:		
	rise la lhe above couse (A) slolin	g The	Johnsey Derrote Orr		State of the state
	UNDERLYING CONDITION Iosi.	(C)	***************************************		
7	li li				
õ	OTHER SIGNIFICANT CONDITIONS CONTRIBL				F 100 100
ΞI		MINAL			
	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	100000000000000000000000000000000000000	20A AUTOBSY2 (Yes or No)	208 IS VEC WEDE	EINDINGS CONSIDERED
	TO THE DEATH BUT NOT RELATED TO THE TERM	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	I FOR WHICH OPERATION		IN CERTIFYING C	AUSES OF DEATH?
CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TER. DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 18B. CONDITION WAS PERFORME 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FOR WHICH OPERATION	n or obout 21 C. WHERE DID	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMINIST OF CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, lorm, loctory, street, of etc.)	n or obout 21°C, WHERE DID fice bldg., INJURY OCCUR?	(If the Boltime	AUSES OF DEATH?
DICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (Hou OF INJURY)	218. PLACE OF INJURY (e.g., i home, lorm, loctory, street, oletc.) 21E. INJURY OCCURRED	n or obout 21C, WHERE DID INJURY OCCUR?	(If the Boltime	AUSES OF DEATH?
DICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TER. DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine) 21D. TIME (Month) (Doy) (Yeor) (Hou	218. PLACE OF INJURY (e.g., i home, lorm, loctory, street, of etc.)	n or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	(If the Boltime	AUSES OF DEATH?
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (Hou OF INJURY)	218. PLACE OF INJURY (e.g., i home, lorm, loctory, street, oletc.) 21E. INJURY OCCURRED While At Not While At Work	n or obout 21C, WHERE DID fice bidg., INJURY OCCUR?	(If the Boltime	AUSES OF DEATH? DIE City, give exoct location)
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) atterview of the contribution o	218. PLACE OF INJURY (e.g., i home, lorm, loctory, street, oletc.) 21E. INJURY OCCURRED White At Not White At Work Note of the deceased from	n or obout 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU	(If the Boltime	ore City, give exact location)
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 [A] 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (Houder Injury) (APPROX.) 22. I certify that (I) (this hospital) after that (I) (we) last saw the decosed alignment.	I FOR WHICH OPERATION	21F. HOW DID INJU See Jacky 19 21F. and tho	(If the Boltime	ore City, give exact location)
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TER. DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attethat (I) (we) last saw the deceosed aliverand haur and fram the causes stated ab	I FOR WHICH OPERATION	21F. HOW DID INJU See Jacky 19 21F. and tho	(If the Boltime	AUSES OF DEATH? Dre City, give exact location) June 19 7/ Junion death accurred an the o
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART 1 [A] 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Year) (Houder Injury) (APPROX.) 22. I certify that (I) (this hospital) after that (I) (we) last saw the decosed alignment.	218. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work Indeed the deceased from the street of the deceased from the street of the str	21F. HOW DID INJU	(If the Boltime	ore City, give exact location) 19 7/ inion death accurred an the c
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY) (APPROX.) 22. I certify that (I) (this hospital) attethat (I) (we) last saw the deceosed alive and haur and fram the causes stated ab 23A. SIGNATURE	IFOR WHICH OPERATION	21F. HOW DID INJU And those seems of the bady after death. And Director P	(If the Boltime	AUSES OF DEATH? DIE City, give exact location) 19 7/ Dinion death accurred an the company of
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TER. DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attethat (I) (we) last saw the deceosed aliverand haur and fram the causes stated ab	IFOR WHICH OPERATION	21F. HOW DID INJU And the bady after death. 21F. HOW DID INJU 22F. HOW DID INJU 23F. HOW DID INJU 25F.	(If the Boltime	ore City, give exact location) 19 7/ inion death accurred an the c
MEDIC	TO THE DEATH BUT NOT RELATED TO THE TER. DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attethat (I) (we) last saw the deceosed aliver and haur and fram the causes stated ab 23A. SIGNATURE	TFOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.) 21E. INJURY OCCURRED While A1 Not While Work More A1 Work A1 Work Attended the deceased from the deceased from the deceased from the deceased from the ave. (I) (We) (did nat) while the deceased from the d	21F. HOW DID INJU And those seems of the bady after death. And Director P	(If the Boltime	ore City, give exact location) 19 7/ sinion death accurred an the c
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased alixed and haur and fram the causes stated ab 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) TORCOT BURIAL CREMATION, 124B. DATE	IFOR WHICH OPERATION	21F. HOW DID INJU And the bady after death. Anding Med. Director P 223D. ADDRESS 549 N. FULT EMATORY 24B. LO	RY OCCUR? In (my) (aur) applicable which has been seen as the control of the con	ore City, give exact location) June 19 7/ Junion death accurred an the company 18 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attethat (I) (we) last saw the deceased alixed and haur and fram the causes stated ab 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	218. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work Indeed the deceased from the street of the work (I) (We) (did nat) was a second form the street of the work (I) (We) (did nat) was a second form the work (I) (We) (did nat) was a	21F. HOW DID INJU And the bady after death. Anding Med. Director P 223D. ADDRESS 549 N. FULT EMATORY 24B. LO	RY OCCUR? In (my) (aur) applicable which has been seen as the control of the con	ore City, give exect location) June 19 7/ Junion death accurred an the death growth of the county
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MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attethat (I) (we) last saw the deceosed aliven and haur and from the causes stated ab 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) TURCOT BURIAL CREMATION, 24B. DATE REMOVAL, (Specily) L. DATE REC'D BY HEALTH DEPT. 25B. N.	218. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.) 218. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.) 218. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.) 218. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.) 218. PLACE OF INJURY (e.g., in home, l	21F. HOW DID INJU And the bady after death. Anding Med. Director P 223D. ADDRESS 549 N. FULT EMATORY 24B. LO	RY OCCUR? In (my) (aur) applicable which has been seen as the control of the con	ore City, give exact location) June 19 7/ Ininian death accurred an the 23B. DATE SIGNED Feb 18, 19



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

M - 135 72 01741 BALTIMORE CITY H	EALTH DEPARTMENT
ERTIFICAT CERTIFICAT	E OF DEATH REG. NO. 72 01741
1. NAME OF DECEASED (Type or Print) MAMIF MC.DO HAID	2. DATE AND HOUR OF DEATH 2/13/72 11:50 P. M.
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	, USUAL RESIDENCE/(Whose deceased lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?
8	BALTO YES NO NO
	STREET AND NUMBER
MARYLAND GENERAL HOSPITAL	1309 MYRTLE AVE.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 6. WIDOWED DIVORCED 6.	9. AGE (In years lost birthday) 9 Months Days Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, done during most of working life, even if refired)	BINTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
Damestie Pur Family	VA - BEAVER DAM in J. R
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
Idward JOHNS	X111 205
	INFORMANT
225.40 6435	Dunglas McDonard 1309 Myarce Arg
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Hemophysis etrofogy Consequence of: Possible pulminary TR
DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. (A).	
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSYT (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm, factory, street, office	or about 21C. WHERE DID (If in Baltimare City, give exact location) abidge INJURY OCCUR?
21D-TIME (Month) (Day) (Year) (Hous) 21E INJURY OCCURRED While At Nat While (APPROX.)	215. HOW DID INJURY OCCUR?
22. I certify that (1) (this hospital) attended the deceased from	$\frac{7-13}{19+2}$ 19 $\frac{7}{2}$ 10 $\frac{2-13}{19+2}$
that (1) (we) last saw the deceased alive on 2-13	19 72 and that in(my) (aur) apinion death accurred on the date
and haur and from the causes stated above. (I) (We) (did) (did not) vie	
Beltan M.D., DEGREE Phys.	ing Med. Stoff Director Phys. 2//3/72
De Okee	D. ADDRESS
JUAN A. BELTRAN MARGREE	MARYLAND GENERAL HOSPITAL ATORY 240. LOCATION (City, town, or county) (Stote)
244. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREM	ATORY 24D. LOCATION (City, town, or county) (State)
FEB 18 19/2 Value & Value of REGISTERS	28C. FUNERAL DIRECTOR Horgen 636 & general
VS 150-REV. 1/1/68	



72 01742 BALTIMORE CITY HEALTH DEPARTMENT

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1/2	OT	1.2	-

1) -520 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO.	18 01148
BIRTH NO.		
(Tunn or Print)	2. DATE Known E Month Doy OF 2 1.2	Year Haur
Woodrow R. Downes	DEATH Estimoted \(\square\) 2 13	72 _{M.}
	3. DATE Month Day PRONOUNCED DEAD 2 1.2	Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET OR INSTITUTION, GIVE STREET	4 13	72 3:05 a _M
Balto City Hospital	S. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	n: residence belare admission)
2-18-72	Maryland	6400
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
male Negro WIDOWED DIVORCED		ES NO 🛨
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min.	E. STREET AND NUMBER	
9/14/1929 42	RFD #1	
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maruland U.S.A.	Roy Downes	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
ractory Traveler Wear	Bessie Hines	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, app or unknown)(If yes, give wor ar dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT A	DDRESS 438 Court
(Yes, go or unknawn) (If yes, give war ar dates of service) SECURITY NO.	Mrs. Jane Downes St. Dov	er Delaware
19. E CAUSE OF DEAT		APPROXIMATE INTERVAL
DISTANT OR CONDITION DIRECTLY 60% 2n	d degree burns of body and fa	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
(A)IMMEDIATE C. (This does not mean the made of dying, e.g., DUE TO, OR A	S A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	C1'	
	flagration	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	S A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
5 1		yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., i	n ar about 22C. WHERE DID (If in Boltimore City, give ex	*
UNDERLYING OR CONTRIB- home, farm, foctory, street, affice	bldg., etc.) INJURY OCCUR? RFD #1 Chest	ertown. Maryland
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F HOWDID INHIPY OCCUPS	ler) Zary
OF INJURY 2 12 72 unk WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	Subject was in house f	ire.
(APPROX.) 2 12 /2 UIIK WHILE AT WORK AT WO	ORK E Day of was 211 Medical 1	
I certify that I held on Inquiry Inspection Aut	opsy 🖾 ond that on this basis, death in my	oninion
resulted from: Noturol causes / Accident X Suicide		
Accident (A) Suicide		
ACTUAL	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE VICTORIO		
EXAMINER'S Petet Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	2/13/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	CREMATORY 24D. LOCATION (City, tow	n, ar caunty) (State)
REMOVAL (Specify)		(5.6.5)
Burial 2/16/72 Mt.Pleasant		County Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
LERIO ALE Accept to 2 3 0	Servet Wald the	stertown, Md
VS 151-REV. 1/1/6B	7730	

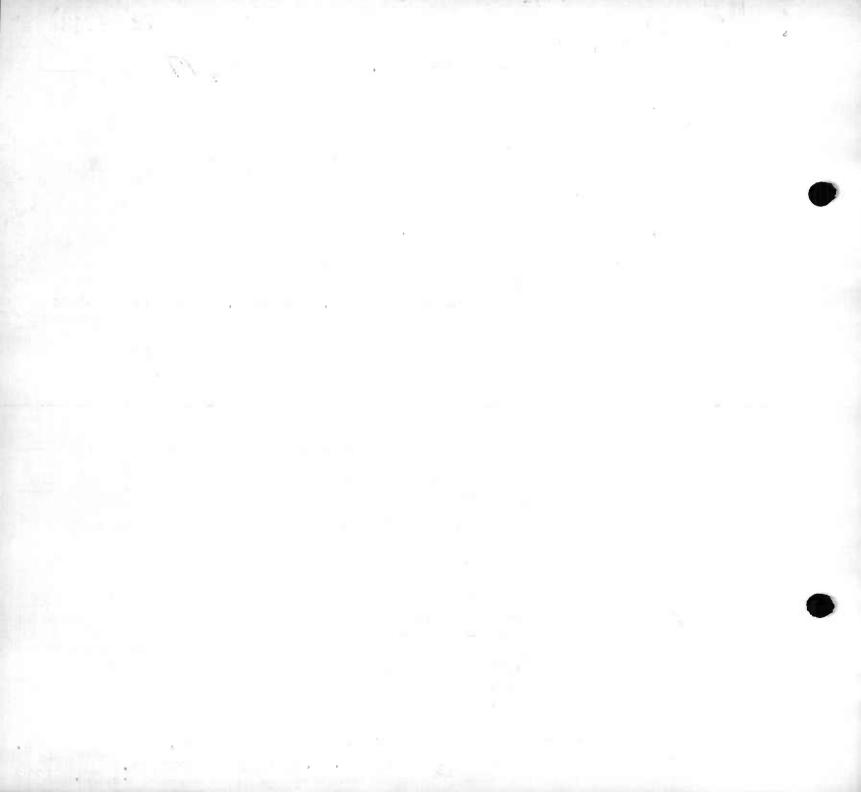
2-18-1972 - Letter from - Office of the Chief Medical Examiner, Peter Lipkovic, M.D.

Assistant Medical Examiner

HRS

And the play of the section of the section

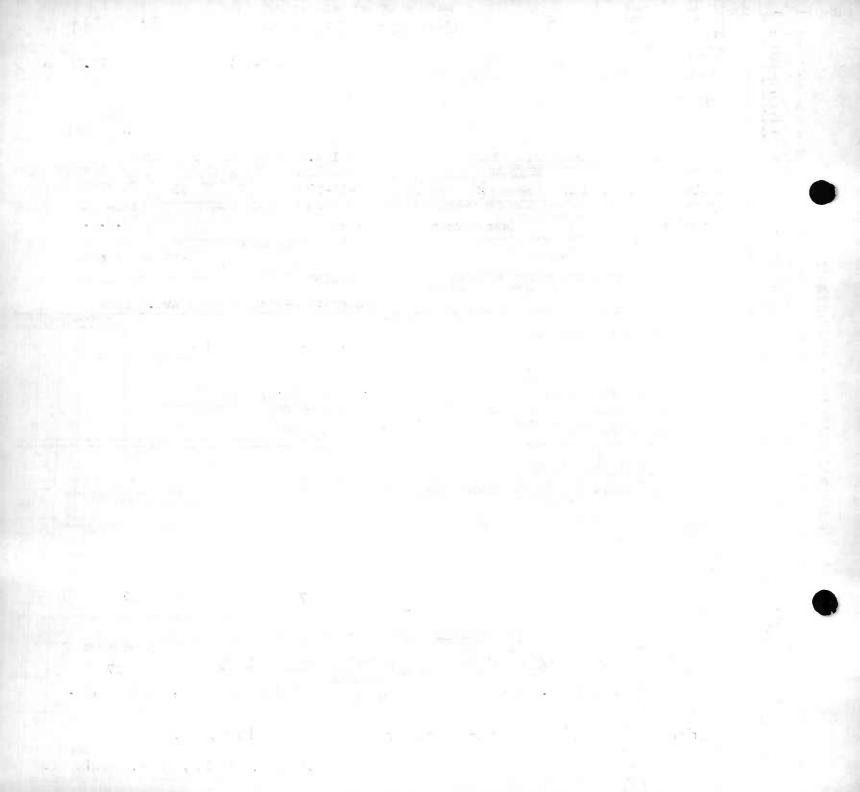
A. F. Martin T. Tree Persyl T. March 17 . 4 . . .



4300	5 72 01744		CEDTIEICA	TE OF DEATH	REG. N	10. 72	113744
RTH NO.			CERTIFICA		The steem		111
ype or Print)		ge Adey			7-1972	DEATH	11.50 A.
ULL NAME	BALTIMORE, MARYLAND, W OF (IF NOT IN HOSPIT ADDRESS OR LOCA		UNCED DEAD UTION, GIVE STREET	4. USUAL RESIDENCE IV A. STATE B. CO Maryland C. CITY OR TOWN	DUNIT		residence belore admission
31.	Baltimore City 4940 Eastern Av Baltimore,Maryl	renue		Baltimore E. STREET AND NUMBE 3901 E.Lomba	R	YES [NO [
SEX	6 RACE	7. MARRIED		8. DATE OF BIRTH	9. AGE (In year		
ale	Caucasian	WIDOWED	DIVORCED	5-13-1908	lost birthdoy)	63 Mont	nder 1 Yt. il Under 24 Hr hs Doys Hours Min.
Retire		1	BUSINESS OR INDUSTRY	Maryland	foreign country)		U.S.A.
FATHER'S	NAME Georg	je		14. MOTHER'S MAIDEN	NAME	Lottie	Pearman
es, no or unkno	rsed Ever in U.S. Armed Fortown) of yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
no				Records:BCH-49	40 Eastern	Ave. 2	21224
(This does heart failuinjury or c	EASE OR CONDITION DIS LEADING TO DEATH s not mean the mode of tre, asthenia, etc. It means complication which coused ANTECEDENT CAUSES	dying, e.g., the disease, death.)	(e) Live	ISE Hypopes A CONSEQUENCE OF:	Asiilwe.	<u> </u>	
OISI (This doe heart failuin]ury or of the control	LEADING TO DEATH s not mean the mode of ire, asthenia, etc. It means camplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) ING CONDITION last. II CHIFICANT CONDITIONS COI EATH BUT NOT RELATED TO IT	dying, e.g., the disease, death.) any, giving stating the	(A) IMMEDIATE CAL	ISE Hypopio	Howelve.	ζ.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
OISI (This doe heart failuin]ury or of the control	LEADING TO DEATH s not mean the mode of ire, asthenia, etc. It means complication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) ING CONDITION last.	dying, e.g., the disease, death.) any, giving stating the MIRIBUTING HE TERMINAL I I (A).	(a) IMMEDIATE CAU DUE TO, OR AS (b) LEVE DUE TO, OR AS (c) LEVE	ISE Hypopes A CONSEQUENCE OF:			
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OTHER SIGNATE OF CONTRACTOR CONTR	LEADING TO DEATH s not mean the mode of ne, asthenia, etc. it means camplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) ING CONDITION last. INIFICANT CONDITIONS COI EATH BUT NOT RELATED TO THE R CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERF DENT WAS UNDERLYING UNDERLYI	dying, e.g., the disease, death.) any, giving stating the Stating	(A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS (C) VHICH OPERATION PLACE OF INJURY (e.g., in e.g., form, foctory, street, of the company of the compan	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or NO n or obout 21C. WHERE DID injury occur 21F. HOW DID	No) 20B, IF YES, IN CERTIFYIN	WERE FINDING G CAUSES O	GS CONSIDERED F DEATH?
OTHER SIG TO THE DISEASE ON THE SIG TO THE SIG TO THE SIG TO THE ODISEASE ON THE DEATH (no OF INJURY (APPROX.) 22. certical control of Injury (APPROX.)	LEADING TO DEATH s not mean the mode of ire, astheria, etc. it means camplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) ING CONDITION lost. II INIFICANT CONDITIONS COI EATH BUT NOT RELATED TO THE RECONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERF DENT WAS UNDERLYING LIBUTING CAUSE OF offy medical examined (Month) (Day) (Year) Ify that (1) (this hospital)	dying, e.g., the disease, death.) any, giving stating the stating the HE TERMINAL TO I (A). DITION FOR VEORMED (Hour) 21 E, Whill Work) attended the	(A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS (C) VHICH OPERATION PLACE OF INJURY (e.g., in e.g., farm, foctory, street, of the company of the compan	20A. AUTOPSY? (Yes or NO n or obout 21G. WHERE DID fice bldg., INJURY OCCUR 21F. HOW DID	No) 20B. IF YES, IN CERTIFYIN (If In B	WERE FINDING G CAUSES O oltimore City, (GS CONSIDERED F DEATH? Glve exoct locotion)
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OTHER SIG TO THE DI DISEASE ON THE DIDISEASE ON THE DEATH (no CONTROLL) 21D. TIME OF INJURY (APPROX.) 22. 1 certification of the didisease of the didisease on the didisease of the didisease o	LEADING TO DEATH s not mean the mode of ire, astheria, etc. it means camplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) ING CONDITION last. INIFICANT CONDITIONS COL EATH BUT NOT RELATED TO THE R CONDITION GIVEN IN PAR OF OPERATION 198 CON UNAS PERF DENT WAS UNDERLYING UNAS PERF (Month) (Doy) (Year) (Month) (Doy) (Year) Ify that (1) (this hospital we) last saw the decease and from the couses stat ATURE	dying, e.g., the disease, death.) any, giving stating the stating	(A) IMMEDIATE CAL DUE TO, OR AS (B) LIVE DUE TO, OR AS (C) LIVE OF INJURY (e.g., in the content of the conten	20A. AUTOPSYS (Yes or NO 20A. AUTOPSYS (Yes or NO 21F. HOW DID 21F. HOW DID 39/20 207 19 72 and 1ew the body ofter deat	No. 20B. IF YES, IN CERTIFYIN (If In B) (If In B) 1972 to // thot In(my) (au	WERE FINDING G CAUSES O oltimore City, (GS CONSIDERED F DEATH? Glive exoct locotion) ATE SIGNED ATE SIGNED

VS 150-REV. 1/7/68

Joseph N. Zannino, 203 S. Conkling St.



1 -	0 1	10 0 LW	BALTIMORE	E CITY HEALTH DE	EPARTMENT		79	111 //1
1-56	0	2 017	45 CERTIF	ICATE OF	DEATH	REG. NO.	IR	01745
NAME OF DECI	EASED Maude	E.	Feinour			HOUR OF DEA	ATH E	suring The
B. PLACE IN BALT	TIMORE MARYLAND,			4. USUAL F	RESIDENCE (Whore	decoosed lived.	If institution; tos	idonce before odmissio
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOS	PITAL OR INSTITUTE	TUTION, GIVE STREE	Mary c. city or	vland TOWN	[D. 1	INSIDE CITY LIA	275 9
nn No	orthwood A 202 Loch F	Apts. Ap	pt. 402 Lvd.	E. STREET A	AND NUMBER		YES 🔀	NO 🗌
· sex Female	6. RACE Caucasi	7- MARRIED	NEVER MARRIE	D B. DATE OF		AGE (In years ast birthdoy)	If Under Months	
IOA. USUAL OCCU	UPATION (Give kind of w	work 108. KIND O			ACE (State or foroig	in country)		N OF WHAT COUNT
	working life, even if retire Keeper		h Home Ho	sp.	Maryla	nd		USA
3. FATHER'S NAM				-	R'S MAIDEN NAM	\E		
	Beverly Fei	nour			Geneva	Chaney		
5. Wos Decoosed	Ever in U. S. Armod	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORM		· Olidilo,		ADDRESS
No	m yes, give war or c	doiles of solvicor	SECORITI NO.		narles W.	Feinour 2	2832 Kan	tucky Avenue
18. 4/ /	7.51		CAUSE OF			- 0 = 11 0 000	1	APPROXIMATE INTERVAL
(This does n	SE OR CONDITION LEADING TO DEAT nat mean the mode asthenia, etc. It mean nplication which caus	TH of dying, e.g. ans the diseose	(A)IMMEDIA DUE TO,	TE CAUSE Orto	Drio-Sch	erotic, h	ead Des	rese Serval Ge
(This does n heart foilure, injury or com A DISEASES O rise to the	LEADING TO DEAT not mean the mode asthenia, etc. It mea application which caus ANTECEDENT CAUS OR CONDITIONS, is a obave cause (A	TH af dying, e.g. ans the discose sed death.) SES if ony, giving	(B)	OR AS A CONSEQUE		erotic h	ead Des	cese Serval Ge
(This does n heart foilure, injury or com DISEASES Orise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO	LEADING TO DEAT not mean the mode asthenia, etc. It mea application which caus ANTECEDENT CAUS OR CONDITIONS, is obave cause (a) G CONDITION lost. II EICANT CONDITIONS (I) H BUT NOT RELATED TO ONDITION GIVEN IN I	af dying, e.g. ans the disease sed death.) SES if ony, giving A) stating the CONTRIBUTING O THE TERMINAL PART 1 (A).	(B) DUE TO,	OR AS A CONSEQU	ENCE OF:			
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VS 150-REV. 1/1/68

FFRID PIS Leonard J. Ruck Inc. 5305 Harford Rd. 21214 effect in the property of ENGLISH AND AND SERVICE STREET STREET STREET STREET Agit in the state of the state

0210			BALTIMORE CITY	HEALTH DEPARTMENT		72 01746
5-360	72 0	1746	CERTIFICA	TE OF DEATH	REG. NO	12 01110
1. NAME OF DECEAS	Edward	Ξ.	Sautte	2/	AND HOUR OF DEATH	1 M
3. PLACE IN BALTIM	(IF NOT IN HOSPIT	HERE PRONOUNT	CED DEAD		here deceased fived. If	institution; residence before odmission)
HOSPITAL OR	ADDRESS OR LOC	ATION)		c. CITY OR TOWN Ba ltimore	D. IN	SIDE CITY LIMITS? YES A NO
90 Gou	ld Conval	esarium		E. STREET AND NUMBER		
5. SEX 6. R	W.	7. MARRIED X	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10/22/1881	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of work			USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	USA
13. FATHER'S NAME Fre	derick Sau	tter		Louise H		
15. Wos Deceased Eve (Yes, no or unknown) (If	er in U.S. Armed Fo yes, give wor or dote	s of service)	6. SOCIAL SECURITY NO. 212-07-7483A	Mrs. Valerie	Sautter same	ADDRESS
CTHIS does not heart failure, as finiture, os finiture, os finiture, os finiture, as finiture, a	II NI CONDITIONS CO UT NOT RELATED TO T DITION GIVEN IN PAI ERATION 19B. CON WAS UNDERLYING G CAUSE OF	dying, e.g., the discose, death.) ony, giving sfating the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WH FORMED 21B. P home, etc.)	(B)	or Leviso	(If in Baltima	Decorufeus alecri V- Disecuse Druca EFINDINGS CONSIDERED AUSES OF DEATH? DISECUSE OTHER OTHER
that (1) (we) los	t (1) (t ids hospit a it saw the decease om the causes sto	ed olive on	deceosed from 2/15	5/3/	1948 to	2/16 19/2 Dinion death occurred on the date
23A. SIGNATURE	IB?	Circus	DE GREE Phy	nding Med. Director	Staff Phys.	2/16/72
NAME (Type)	.B. Steve		MD DEGREE	3400 Erdman	Ave, Balt	
24A. BURIAL CREMA' REMOVAL (Spec Burial 25A. DATE REC'D BY			land Mem.		Ba lto. Md.	City, town, or county) (State)
FEB 18 1	JIK Valens	C. Yalobe		Leonard J.	Ruck Inc.	Balte., Md.

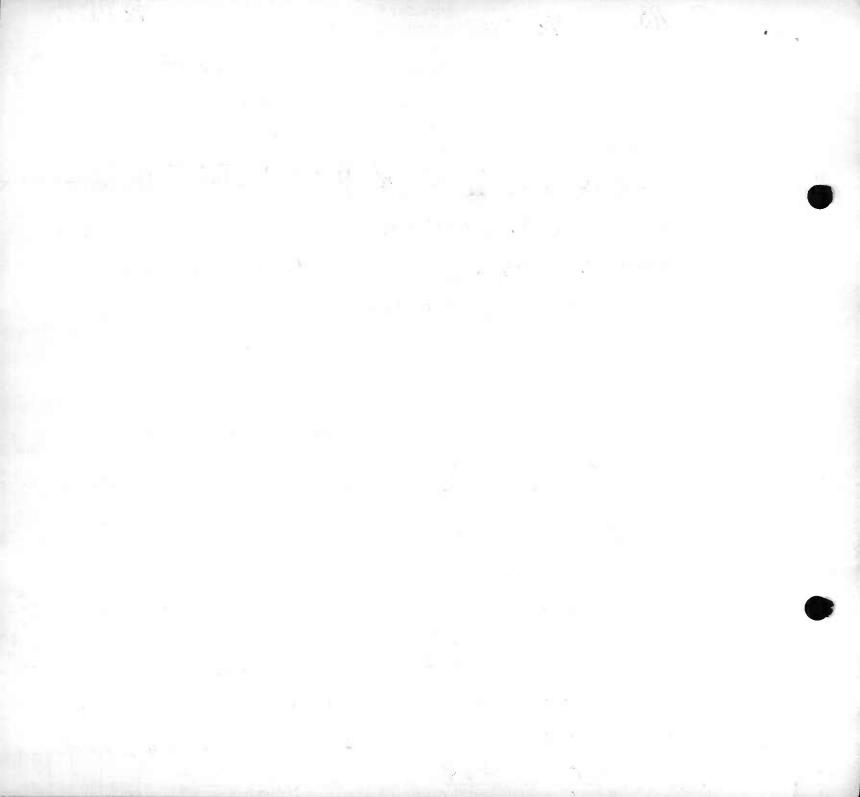
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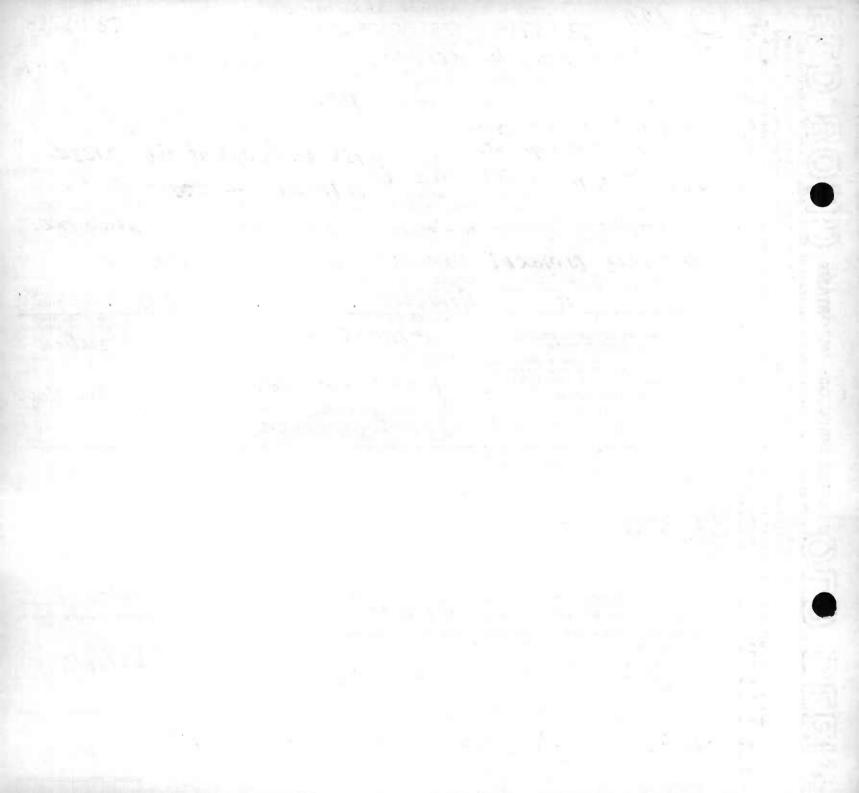
IMPORTAN

DIRECTOR:

FUNERAL



1	2.101	0		BALTIMORE	CITY HEA	TH DEPARTMENT		
BI	1-400 MH NO.	72	0174	8 CERTIF	CATE	OF DEATH	REG. NO.	72 01748
	Pe or Print	OL CHE	8/41	MI BERNAM	28.		2/16/72	10:204
3.	PLACE IN BALTIM	ORE MARYLANI	D, WHERE PR	ONOUNCED DEAD	4, U A, S	SUAL RESIDENCE (W	here deceased lived. If in	stitution; sesidence before admission)
IN	ILL NAME OF DSPITAL OR STITUTION			NSTITUTION, GIVE STREET		1D.		GO 2
	emurch	Home	L 14081	mital.		CIF	7.	YES NO
5		4. Proole			E. 51	REET AND NUMBER	enwood t	ve. 21224
5.	SEX 6.	RACE	7- MAR	RIED NEVER MARRIES	8. DA	TE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 His. Months; Doys Hours; Min.
107	Mak	White	WIDO		0	2/14/01	9, AGE (In years lost birthdoy)	
	e during most of worl	king life, even if reli	(ber	ce man -Bendi		MARYL		HALESZICHW.
13.	FATHER'S NAME					OTHER'S MAIDEN N		
	MICHA			XXX Olszewsk			NA. SAD	owski
15. (Ye	Was Deceased Eve s, no or unknown) Uf	er in U. S. Armed yes, give war or	dates of serv	ice) 6. SOCIAL		FORMANT		ADDRESS AVE
	yes	WW 7:	7	2/7/453		Michael S	S. Olszewski	156 N. Kenwood
	18.57/1	7 1			DEATH S	A		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY HEPATTE COMA -							24ters.
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:							
	heart failure, ast injury at camplic	henia, etc. It me	ans the disc	ase,				
	ANTECEDENT CAUSES ANTECEDENT CAUSES WERATTC PHIL URE.						Few doys	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						The same of the sa	
	rise to the above cause (A) staling the UNDERLYING CONDITION last. (C) LIVER CIRRHOSIS.							
_		11						
NOL	OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTI	NG				
<	DISEASE OR CON	DITION GIVEN IN	PART 1 (A).	***************************************				
CERTIFIC	0	WAS	PERFORMED	OR WHICH OPERATION		AUTOPSYT (Yes or	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
CAL C	OR CONTRIBUTION DEATH (notify me	IG CAUSE OF	16 <u> </u>	21& PLACE OF INJURY home, form, factory, streets.	le.g., in or ab	g., INJURY OCCUR?	(If in Boltimore	e City, give exect location)
III BAM	21D. TIME (M	lenth) (Doy) (Y	ear) (Hour)	21E INJURY OCCURRED)	21F. HOW DID IN	HJURY OCCUR?	
×	(APPROX)	1.00			While Work			
		that (1) (this hospital) attended the deceased from 01/03/72 19 to 02/16/72 19						
	and hour and fr							nion death accurred on the date
	23A. SIGNATURE	out the conses	210160 000A	e. (I) (We) (dld) (dld n	or) view fi	e body after death	•	238 DATE SIGNED
	(1) in lace	a AD	1		Attending [Med.	Staff	02/16/12
	23C. PHYSICIAN'S	11 8 - 12	en	DEGREE	Phys. I	Director L	Shaff Phys.	00/10/10
	DIG I D	1040	FRI-	TM HIII I	7			
24#	BURIAL CREMA	TION, 248 DATE	24	C. NAME OF CEMETERY				y, town, or county) (Stote)
	Burial	2/18	8/172	Oak Lawn Cen	neteru	B	Itimore, Ma	ryland 21224
254	CED 1 Q 4	HEALTH DEPT.		ME OF REGISTRAR	25	C. FUNERAL_DIRECTO	OR March March	ADDRESS
FL.	LEDTO E	IIZ Vale	in di Aleri	Den Later	U 0	about 8 T	Moran, Ing.	



H-536 12		BALTIMORE CITY I			P(0) ()4(7)4()
BIRTH NO.	01749	CERTIFICAT	TE OF DEATH	REG. NO	72 01749
NAME OF DECEASED			2. DATE AND	HOUR OF DEATH	
Type or Print) WILLIAM E	F. ANDRE	7415	2-1	6-72	1 6:20 P
3. PLACE IN BALTIMORE MARYLAND, V		DEAD	4. USUAL RESIDENCE (Where	deceased lived. If i	stitution: residence before admission
			A. STATE B. COUNT	Υ	7407
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION,	GIVE STREET	1/4/4		0/ 1000
INSTITUTION ADDRESS OF EGG	AllON		C. OFTY OR TOWN	D. INS	IDE CITY LIMITS?
1-3			BALTIMORE		YES NO
	11		E. STREET AND NUMBER	0	
SOUTH BALTIMORE GE		PITAL	1029 RIVER	SIDE HY	E.
6. RACE	7. MARRIED NE	VER MARRIED 8	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
MW	WIDOWED	DIVORCED	9-6-1896	745	
OA, USUAL OCCUPATION (Give kind of wor				n country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)	1 11	1.+.	4		1 5 0
Cet-TARKS & Kec.	Palto,	C114	MIARYLAND		U.S.A.
3. FATHER'S NAME		, ,	4. MOTHER'S MAIDEN NAM	E	
EDWARD ANN	SEEWS		EMMA AL	BERTA	
5. Was Deceased Ever in U. S. Armed Fo	orces? 16. SC		7. INFORMANT	,	CATADDREST DLDD
Yes, no or inknown) (If yes, give wor or do		ECURITY NO.	P - C1.	91,00	C1 1/ 0
100			GORMAN JChi	er - 215	Stonewall K
18.4/2,41		CAUSE OF DEATH			BETWEEN ONSET AND DEA
DISEASE OR CONDITION D			0		
LEADING TO DEATH		(A) IMMEDIATE CAUS	E PULMONARY	EDEMA	
(This daes not mean the made at heart failure, asthenia, etc. It means		DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication which coused	d death,)				
ANTECEDENT CAUSE	S	Anders seed	EDOTIC COADIONA	Man No	CEACES
DISEASES OR CONDITIONS, if	any giving	DUE TO, OR AS A	LEROTIC CARDIOVE	ALLOUNE CIE	4-1-2
rise to the above couse (A)					
UNDERLYING CONDITION last.		(c) CERUBEO V	LASCULAR ACCIDENT	WITH LE	FT
11		HEMIPAR	ESIA AND APH	ASTA .	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA					
TO THE DEATH BUT NOT RELATED TO					
A DISEASE OR CONDITION GIVEN IN PA		O DEPARTMENT			
U 19A. DATE OF OPERATION 198, COL		OPERATION	20A. AUTOPSY? (Yes or No)	IN CEPTIEVING CA	FINDINGS CONSIDERED
U 19A. DATE OF OPERATION 198, COL	REPORMED	OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. COI	RFORMED	E OF INJURY (e.g., in	or obout 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? re City, give exoct locotion)
19A. DATE OF OPERATION 198. COI WAS PEI	RFORMED	E OF INJURY (e.g., in	No	IN CERTIFYING CA	USES OF DEATH?
19A. DATE OF OPERATION 198. COI WAS PEI	218. PLAC home, form	E OF INJURY (e.g., in n, foctory, street, offic	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimo	USES OF DEATH?
19A. DATE OF OPERATION 198. COLUMN WAS PEL 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) DEATH (notify medicol exominer)	21B. PLAC home, formetc.)	E OF INJURY (e.g., in n, foctory, street, offic RY OCCURRED	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimo	USES OF DEATH?
19A. DATE OF OPERATION 198. COI WAS PEI	218. PLAC home, form	E OF INJURY (e.g., in n, foctory, street, offic	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimo	USES OF DEATH?
19A. DATE OF OPERATION 198. COLUMN S PEI	218. PLAC home, form etc.) (Hour) 21E. INJU While AI Work	E OF INJURY (e.g., in n, foctory, street, office RY OCCURRED Not While At Work	or obout 27 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
19A-DATE OF OPERATION 198. COI WAS PEL 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this haspite	218. PLAC home, formetc.) (Hour) 21E. INJU While AI Work	E OF INJURY (e.g., in n, foctory, street, office RY OCCURRED Not While At Work ceosed from	or obout 21C, WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion) 2 - 16 19 72
19A. DATE OF OPERATION 198. COLUMN S PEI	218. PLAC home, formetc.) (Hour) 21E. INJU While AI Work	E OF INJURY (e.g., in n, foctory, street, office RY OCCURRED Not While At Work	or obout 21C, WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
19A. DATE OF OPERATION 198. COLUMN WAS PEL 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this haspite	218. PLAC home, formetc., (Hour) 21E. INJU While At Work (ol) attended the decised alive an	E OF INJURY (e.g., in n, foctory, street, office of the control of	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR? 21F. HOW DID INJU 2 - 15 19 and tha	(If in Boltimo	re City, give exoct locotion) 2 - 16 19 72
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19A. DATE OF OPERATION 198. COI WAS PEI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this haspite that (I) (we) last saw the decease and hour and from the causes steep	218. PLAC home, formetc., (Hour) 21E. INJU While At Work (ol) attended the decised alive an	E OF INJURY (e.g., in n, foctory, street, office of the control of	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR? 21 F. HOW DID INJU 2 - 15 19 and tha ew the body after deoth.	(If in Boltimo	re City, give exoct locotion) 2 - 16 19 72 Inlan death occurred an the d
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19A. DATE OF OPERATION 198. COI WAS PEL 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) 22D. TIME (Month) (Doy) (Year) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) EDITH HID ALCO O	218. PLAC home, formetc., (Hour) 21E. INJU While AI Work (OI) attended the decised alive an ested above. (I) (We)	E OF INJURY (e.g., in n, foctory, street, office of the control of	or obout 27 C. WHERE DID ce bldg., INJURY OCCUR? 21F. HOW DID INJU 2 - 15 19 and tha ew the body after deoth. ding Med. Director S. SOUTH BALTIM	IN CERTIFYING CA	Inlan death occurred an the d 238. DATE SIGNED 2-16-72 EEBL HOSPITAL (Stop)
19A. DATE OF OPERATION 198. COI WAS PEL 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) 21. I certify that (I) (this haspite that (I) (we) last saw the decease and hour and from the causes that (I) (we) last saw the decease and hour and from the causes that (I) (Year) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) EDITH HID ALCO O	218. PLAC home, formetc., (Hour) 21E. INJU While AI Work (OI) attended the decised alive an ested above. (I) (We)	E OF INJURY (e.g., in n, foctory, street, office of the control of	or obout 21 C. WHERE DID ce bldg, INJURY OCCUR? 21 F. HOW DID INJU Z - 15 19 and tha ew the body after deoth. ding Med. Director St. 3D. ADDRESS SOUTH BALTIM MATORY 24D. LO	IN CERTIFYING CA	Inlan death occurred an the death occurred and the death occurred an

Ret-Parks + Rec. Balto Caty W. T. Street Str Purch 2-19-72 Cedax Hill Com. Dalto. 10/66

FUNERAL DIRECTOR:

B=200 72 01750 C	ENTIFICATE OF DEATH REG. NO. 72 01750
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 12 (1730)
(Type or Print) BOUCK, KATHERI	NE E KOUNS 2. DATE AND HOUR OF DEATH PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A, STATE 8, COUNTY
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GADDRESS OR LOCATION	OVE STREET Maryland 70
Sinai Hospital of Baltimore, Be	olvedere C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES D NO D
hve at areenspring Bultimore	
	Maven Jursing 1000 2/215
WIDOWED	DIVORCED 7 15 1883 lost birthdoy) Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES: done during most of working life, even if relired)	SS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOMEMAKER 13. FATHER'S NAME	TENN.
11/11/- C	14. MOTHER'S MAIDEN NAME
15. Wes Decessed Ever in U. S. Armed Forces? 16. SOCI.	IAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECU	URITY NO.
	AUSE OF DEATH DE APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Pulmonay Embolished Between onset and Death
I I I I I I I I I I I I I I I I I I I	A) IMMEDIATE CAUSE
heart follyre, asthenial etc. Il means the discuse, injury or complication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	Fx of the Right Hip
DISEASES OR CONDITIONS If only giving rise to the obove cause IA) stating the	DUE TO, OR AS A CONSEQUENCE OF?
UNDERLYING CONDITION last, (C)	.)
2 71/2 (2017)	00.1
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a),	ASCVD, Diabetes mellitus.
U 119A DATE OF OBSERATION LIGH CONDITION SOS MILLEY	PERATION 20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E/2/11/2 Fractive (K) W	1-0
OR CONTRIBUTING CAUSE OF home form to	FINJURY (e.g., In or obout 21C, WHERE DID (If In Boltmore City, give exocl location) loctory, street office bidg., INJURY OCCUR? (easen wire in the exocution)
O 21D-TIME (Month) (Doyl (Year) (Hourt 21E IN LIEV C	ing nome 3929 tenhust Aug 212 Balknow
(APPROXI) 2 4 72 2 While At	Not While I The It fell while was king
22. I certify that (I) (this hospital) attended the deceas	
that (1) (we) last saw the deceased alive an 2-12	
and have and from the causes stated above, (1) (We) (di	The state of the s
23A. SIGNATURE	23B, DATE SIGNED
) Dalls 2	Attending Med. Staff 2-12-72
23 C. PHYSICIAN'S NAME (Type) Dr. 211 KA	ALISKY 230 ADDRESS Green Meadow PKWy Bulhiane Md
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	EMETERY OF CREMATORY 24D. JOCATION (City, town, or county) (Stotel
Burial Fel 15.1973 Calle	ewn Cemetery Salteness, nel
SA DATE LECT THE HEALTH DERT. 258 NAME OF REGISTR	ADDRESS ADDRESS
/S 150-REV, 1/1/68	THYMOND LOKACLOROWSK, 2525 FLEETS
- 100 mart 1/ 1/ 00	

1515 N. Linwood

with the

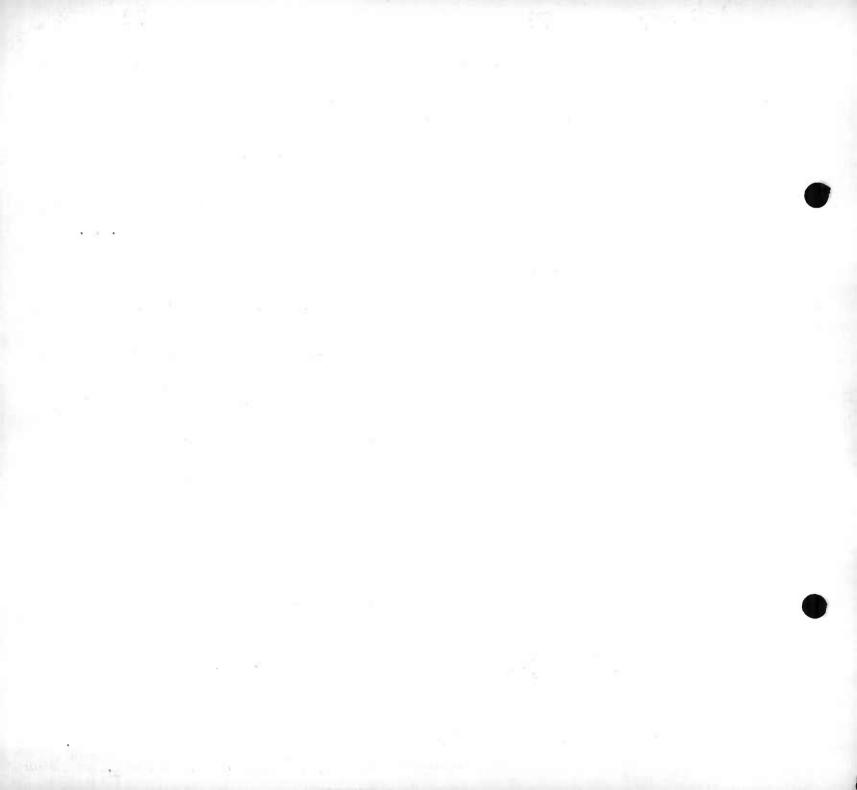
VS 150-REV. 1/1/68

7.7 ALTON SE Commend to King and the contract to the contract of the contra

DIRECTOR:

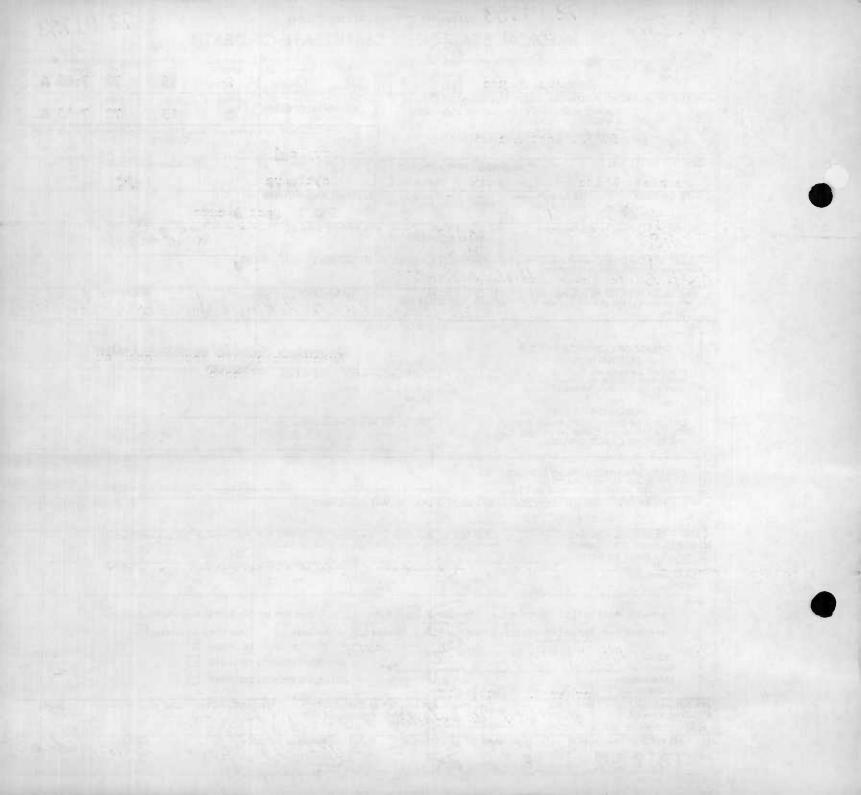
FUNERAL

VS 150-REV. 1/1/68



A 220 72 01753 BALTIMORE CITY HEALTH DEPARTMENT	72 01000
MEDICAL EXAMINER'S CERTIFICATI	72 01753
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) A Decease DeceaseD (Type or Print)	_ 0 15 70 7 /F A
Augusta Boyce DEATH Estim	ated 2- 15 72 7:45 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED I	DEAD 2 15 72 7:45 A
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION OR INSTITUTION	E (Where deceased lived. If Institution: residence before admission)
508 S. East Avenue A. STATE Maryla	B, COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED Baltim	TESCS NO L
9. DATE OF BIRTH 9-19-1880 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NU Months, Days Hours Min. 508 S.	East Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAMI	Redmann
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIL done during most of working life, even if relired) And I. Wieter working life, even if relired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grynknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	Boyce Sr. 508 S. East are
119. // CAUSE OF DEATH	APPROXIMATE INTERVAL
7/8/1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Arterio	sclerotic cardiovascular
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. it means the disease,	
Injury or complication which caused deoth.)	
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B.PLACE OF INJURY (e.g., in or about 22C. WHE home, farm, factory, street, office bldg., etc.) INJURY CONTRIBUTION OF DEATH.	RE DID (Il in Bollimore City, give exact location)
	V DID INJURY OCCUR?
(APPROX.) MHILE AT NOT WHILE AT WORK	
23.	
	hat an this basis, death in my opinion
resulted fram: Natural causes Accident Suicide Homicide	
ACTUAL / IEE/\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EDICAL EXAMINER DATE SIGNED
SIGNATURE M.D. ASSISTANT M	EDICAL EXAMINER
	EDICAL EXAMINER 2-15=72
24A BURIAL CREMATION. 124B DATE 124C NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (Stote)
Removal (Specify) 2-18-72 Oak Laur Cemetery	Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL	DIRECTOR ADDRESS Judo m St
FEB18 1972 Police & Jake No. Whelme	

FEB18 VS 151-REV. 1/1/68



	7-246 72 015		HEALTH DEPARTMENT	\	72 017	7534
BIRTI	-246 72 017	54 CERTIFICA	TE OF DEATH	REG. NO	IR ULI	74
	AME OF DECEASED ZIEGLER, V	VILLIAM JOHN		CUARY 16,		:15 R
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (When	e deceased lived. If it		before odmission)
HOS	L NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	XMARYKAND Pen	na. Lackawa	inna Co.	V35
14	ST AGNES HOSPITA WILKENS & CATON	AVENUE	E. STREET AND NUMBER	ark Summit	YES X	10 🗌
T.	BALTIMORE, MD.	21229	X21XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXENDE 21	1 Highland	Ave.
SE	EX 6. RACE 7. MAR	RIED NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr.	If Under 24 Hrs.
M	ALE WHITE WIDO	WED XX DIVORCED	12-20-91	80		
	USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF V	VHAT COUNTR
R	during most of working life, even if refired) RETIRED - CHIOPRACTOR ATHER'S NAME	SELF EMPLOYED	PENNSYLVANIA		U.S.A	
		iegler DEC'D	Mary		Engel	DEC
S. W les,	Vas Decessed Ever in U. S. Armed Forces? no or unknown) lif yes, give war or dates of ser	ricel 16. SOCIAL SECURITY NO.	17. INFORMANT	BAL	TO MD 2	1229
	no	179323102	ST .AGNES HOS			
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused death.)		CONSEQUENCE OF:			
AEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 0R CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Yeot) (Houd OF (NJURY 1APPROX.)	the (c) Cycl	21f. HOW DID INJ	(If In Bottime	FINDINGS CONSID AUSES OF DEATH? ore City, give exoct lo	
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 OR CONTRIBUTING 21A. CECHOLOGY (Month) (Doy) (Year) (Hours of INJURY 1APPROX.)	TING INAL FOR WHICH OPERATION 218 PLACE OF INJURY log, I home, form, factory, street, of etc.) 21E INJURY OCCURRED While At Not While Work ded the deceased from	NO n or obout 21 C. WHERE DID fice bldg. INJURY OCCUR? 21 F. HOW DID INJ EBRUARY 4	(If In Bottime	ore City, give exoct to	
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 OR CONTRIBUTING 21A. CECHOLOGY (Month) (Doy) (Year) (Hours of INJURY 1APPROX.)	TING INAL FOR WHICH OPERATION 218 PLACE OF INJURY log, I home, form, factory, street, of etc.) 21E INJURY OCCURRED While At Not While Work ded the deceased from	NO n or obout 21 C. WHERE DID fice bldg. INJURY OCCUR? 21 F. HOW DID INJ EBRUARY 4	(If In Boltimo	BRUARY 16	19_ <u>72</u>
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) staling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 21D-TIME (Month) (Doy) (Yeat) (Houd of (NJURY)	TING INAL FOR WHICH OPERATION 218 PLACE OF INJURY Inc., I home, farm, factory, street, of etc.) 218 INJURY OCCURRED While At Not While Work ded the deceased from F BRUARY 16	NO To or obout 21 C. WHERE DID Fice bidg. INJURY OCCUR? 21 F. HOW DID INJ EBRUARY 4	(If In Boltimo	BRUARY 16	19_ <u>72</u>
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, going to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (House OF (NJURY 1APPROX.)	TING NAL FOR WHICH OPERATION 218 PLACE OF INJURY leag. I home, farm, factory, street of etc.) 21E INJURY OCCURRED While At Not While At Work ded the deceased from Fe on FEBRUARY 16 ve. (i) (We) (did) (did not) w	NO 1 of about 21 C. WHERE DID 1 fice bidg. 21 f. HOW DID INJ 21 f.	(If In Boltimo	BRUARY 16	19 /2
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21A. TIME (Month) (Doy) (Year) (House OF INJURY 1APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased aliverand hour and from the causes stated obe and hour and from the causes stated obe	TING INAL FOR WHICH OPERATION 218 PLACE OF INJURY Inc. 1, home, farm, factory, street, of etc.) 218 INJURY OCCURRED While At Not While Work ded the deceased from F o an FEBRUARY 16 ve. (i) (We) (did) (did not) ve.	NO nor obout 21C, WHERE DID fice bidg, INJURY OCCUR? 21F. HOW DID INJ P EBRUARY 4	(If In Boltimo	BRUARY 16	19 72 red on the do
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19A CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 0R CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour OF (NJURY 1APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive and hour and fram the causes stated about 3A, SIGNATURE	TING INAL FOR WHICH OPERATION 21B PLACE OF INJURY Inag. I home, farm, factory, street, of etc.) 21E INJURY OCCURRED While At Not While Work ded the deceased from FBRUARY 16 on FEBRUARY 16 ve. (I) (We) (did) (did not) ve.	NO ner about 21 G. WHERE DID fice bidg. INJURY OCCUR? 21 f. HOW DID INJ EBRUARY 4 19 72 and the lew the body after death. Inding Med. Director C	(If In Boltimo	BRUARY 16 SINIAN death occur 238, DATE SIGNE 02/16/ 0.MD. 21	19 <u>72</u> red on the dot 72 229
MEDICAL CERTFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, a rise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A-DATE OF OPERATION 19-A CONDITION WAS PERFORMED OR CONTRIBUTION CAUSE OF DEATH (notify medical examined) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION (Auss OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (House OF HYJURY 1APPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased aliverand hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DR. VICTOR BENA' BURIAL CREMATION. 124B. DATE	TING INAL FOR WHICH OPERATION 218 PLACE OF INJURY Inc. 1 home, farm, factory, street, of etc.) 218 INJURY OCCURRED While A	NO The about 21 C. WHERE DID fice bidg. 18 19 17 OCCUR? 21 f. HOW DID INJ EBRUARY 4 19 72 and th Iew the body after death. Inding Med. 12 Director 12 23 D. ADDRESS ST. AGNES HSOF	(If In Boltimo	BRUARY 16 SINIAN death occur 238. DATE SIGNE 02/16/ 0.MD. 21 KENS ¢ CA	19 /2 red on the dot 72 229 TON AVE
MEDICAL CERTFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Houde of FINJURY LAPPROX.) 22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased aliverand hour and from the causes stated about and hour and from the causes stated about and hour and from the causes stated about and from the causes are caused and from the cause and from the cause and from the cause and from the cause are caused and from the caused and from the caused and from the cause and from the caused and from the cause and f	TING INAL FOR WHICH OPERATION 218 PLACE OF INJURY leag. I home, farm, factory, street of etc.) 21E INJURY OCCURRED While At Not While Work ded the deceased from February 16 ve. (i) (We) (did) (did not) ve. (i) (We) (did) (did not) ve. (i) (We) (EMETERY of CRIEFIE)	NO The about 21 G. WHERE DID fice bidg. INJURY OCCUR? 21 F. HOW DID INJ EBRUARY 4	(If In Boltimo	BRUARY 16 BRUARY 16 Initian death occur 238, DATE SIGNE 02/16/ 0.MD. 21 KENS ¢ CA City, town, or county)	19_/2 red on the dat 72 229 TON AVE
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A-DATE OF OPERATION 19-A CONDITION WAS PERFORMED OR CONTRIBUTION CAUSE OF DEATH (notify medical examined) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION (Aust of Contribution) (Aust of Contributi	TING INAL FOR WHICH OPERATION 218 PLACE OF INJURY Inc. 1 home, farm, factory, street, of etc.) 21E INJURY OCCURRED While At Work At Work At Work At Work ded the deceased from F. on FEBRUARY 16 ve. (i) (We) (did) (did not) while the property of the p	NO ner about 21 G. WHERE DID fice bidg. INJURY OCCURY 21 f. HOW DID INJ EBRUARY 4 19 72 and the lew the body after death. Inding Med. Director Director Director Can AGNES HSOF	(If In Boltimo	BRUARY 16 BRUARY 16 Initian death occur 238, DATE SIGNE 02/16/ 0.MD. 21 KENS ¢ CA City, town, or county) Penr	19_/2 red on the dot 72 229 TON AVE
MEDICAL CERTFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A-DATE OF OPERATION 19-A CONDITION WAS PERFORMED OR CONTRIBUTION CAUSE OF DEATH (notify medical examined) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION (Aust of Contribution) (Aust of Contributi	TING INAL FOR WHICH OPERATION 218 PLACE OF INJURY leag. I home, farm, factory, street of etc.) 21E INJURY OCCURRED While At Not While Work ded the deceased from February 16 ve. (i) (We) (did) (did not) ve. (i) (We) (did) (did not) ve. (i) (We) (EMETERY of CRIEFIE)	NO The about 21 G. WHERE DID fice bidg. INJURY OCCUR? 21 F. HOW DID INJ EBRUARY 4	(If In Boltimo	BRUARY 16 BRUARY 16 Initian death occur 238, DATE SIGNE 02/16/ 0.MD. 21 KENS ¢ CA City, town, or county)	19 /2 red on the do 72 229 TON AVE IState)

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a hospital and of death

- 1	1/ -0			BALTIMORE CITY	HEALTH DEPARTA	MENT	
914	BIRTH NO.		72 01	75&ERTIFICA	TE OF DEA	TH REG. NO	72 01758
	1. NAME OF DE	AMANDA I	LEE VAN	CE	2, [Feb 15 197	2 11:45 P.
	3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived. If ins	stitution: residence before admission)
H	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MD.		1513
-	Notitution	Notice of 2007	1110111		C. CITY OR TOWN BALT IMORE		DE CITY LIMITS?
	HARF	ORD GARDENS N	RSING	HOME	E. STREET AND NU		YES X NO
					4211 Park	Heights Avenue	
	5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
	FEMALE	NEGRO	WIDOWED	DIVORCED BUSINESS OR INDUSTRY	9-6-97	74	
	done during most of	working life, even if refired)	I WARRED OF	BOSINESS OK INDUSIKI			12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NA				14. MOTHER'S MAIL	, SOUTH CAROLINA	U.S.A.
ı	WILSON	NASH			SUSIE NAS		
Ī	5. Was Deceased	Ever in U. S. Armed For	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
II.	res, no or unknown	(If yes, give wor or date	s ol service)	SECURITY NO.	MRS. ODES	SA BOSWELL 421	1-PARK HEIGHTS AVE.
	18. 11. / -	2.5/-		CAUSE OF DEATI			APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION DIR	ECTLY	Arteria	sclandial-	do-vasadar Di	BETWEEN ONSET AND DEATH
	(This does	nal mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	rois vasever in	sere Jevenolyead
-	hearl failure,	asthenia, etc. it means	the disease.	DUE 10, OK A3 /	CONSEQUENCE OF:		
		ANTECEDENT CAUSES		(4)			
ł	DISEASES (OR CONDITIONS, II	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF	***************************************	
	UNDERLYING	e above cause (A) G CONDITION last.	slaling the	(c)			
	Z	11		C3/	D	Λ 1	
	E ITO THE DEAT	CANT CONDITIONS CONTINUES TO THE	E TERMINAL	Chro	nic Brai	in Jyndrome	Several years
	19A. DATE OF	OPERATION 198 CON	OITION FOR V	WHICH OPERATION	20A. AUTOPSYZAY	es or Nov 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	19A. DATE OF	WAS PERF			10		SES OF DEATH?
	OR CONTRIBL	NT WAS UNDERLYING THE	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, form, factory, street, all	or obout 21 C. WHERE INJURY OC	CUR?	City, give exoct locotion)
	21D.TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW [DID INJURY OCCUR?	
	(APPROX.)		Whi	le At Not While			
1	22. I certify	that (1) (this haspital)	attended ti	ne deceased fram	June 1	19 7/ to F	06, 15 1972
	that (1) (we)	last saw the deceased	alive an	186.14	19 22	,	an death accurred an the date
	and hour one	from the causes state	ed above. (I) (We) (did) (did nat) vi	ew the bady after	death.	
1	23A. 5IGNATU	m ?m	men		ding Med.	Shoff [7]	2/16/22
2	23C. PHYSICIA NAME (T	ypel And	mern	M D 2	3 202 X	Hard Rd Ball	Timere Mal
	HA BURIAL CRE			ME of CEMETERY of CRE	MATORY	24D. LOCATION (City,	town, or county) (Stole)
	BURIAL	2-18-72		Γ. CALVERY CEM		BALTIMORE, MA	RYLAND
2	FEB1	8 1972 Tabas	E JAB	F REGISTRAR	MODION C		ADDRESS

DAY. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MORTON & DYETT FUNERAL HOMES 1701-LAURENS ST. VS 150-REV. 1/1/6B

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CLE MELWARDS n n

BALTIMORE CITY HEALTH DEPARTMENT 72 01760 CERTIFICATE OF DEATH Such of death Deceased BIRTH NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) February 16,1972 UO GERTRUDE E. WEHRMAN 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance cause; (5) Maryland cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NO 5403 Daywalt Avenue - 21206 E. STREET AND NUMBER contributing 5403 Daywalt Avenue - 21206 etermined regular 5. SEX 9. AGE (In years If Under 24 Hrs. Hours Min. 6. RACE B. DATE OF BIRTH If Under 1 Yr. 7. MARRIED NEVER MARRIED Months Days Hours White Female WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition done during most of warking life, even if retired) Baltimore, Maryland USA Retired Mahhine Op. Clothing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME **€** unknown Ortel 0 eath 15. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO. 216-05-9223 Mr. Robert E. Wehrman-5403 Daywelt Ave. no CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) gul ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUEDICE OF DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the 3 UNDERLYING CONDITION last. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF hospital ô DEATH (notify medical examiner) 3 obtained 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) Wark At Work and any 19 69 ta OCTOBER 19 7/ 22. I certify that (1) (this hospital) attended the deceased fram loct 19 7/ and that in (my) (art) opinion death accurred on the date pe that (I) lost saw the deceased alive on... eath) hospital and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED Attending Phys. approval ō 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at Dixon Hills, M.D. 3501 St. Paul St. Balto. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, ar county) eceased o Baltimore, Maryland Feb. 19 Parkwood Cemetery SD 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. H. Sander & Sons, Inc., Balto. Md V\$ 150-REV. 1/1/6B

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J. Marie Millian, and The Company of the State of the Company of t

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written approval must be obtained before the remains are embalmed or final disposition is made. deceased prior to death); and (6) No physician was in regular attendance on the deceased

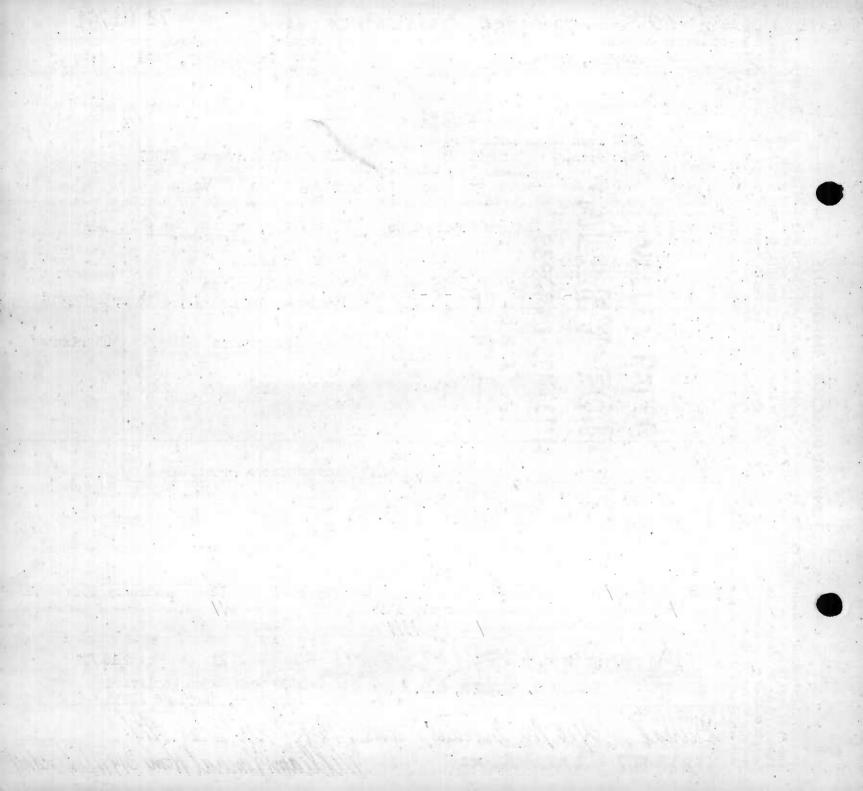
FEB 18 1972 VS 150-REV. 1/1/6B

was D.O.A. at a hospital (except where the physician who pronounced

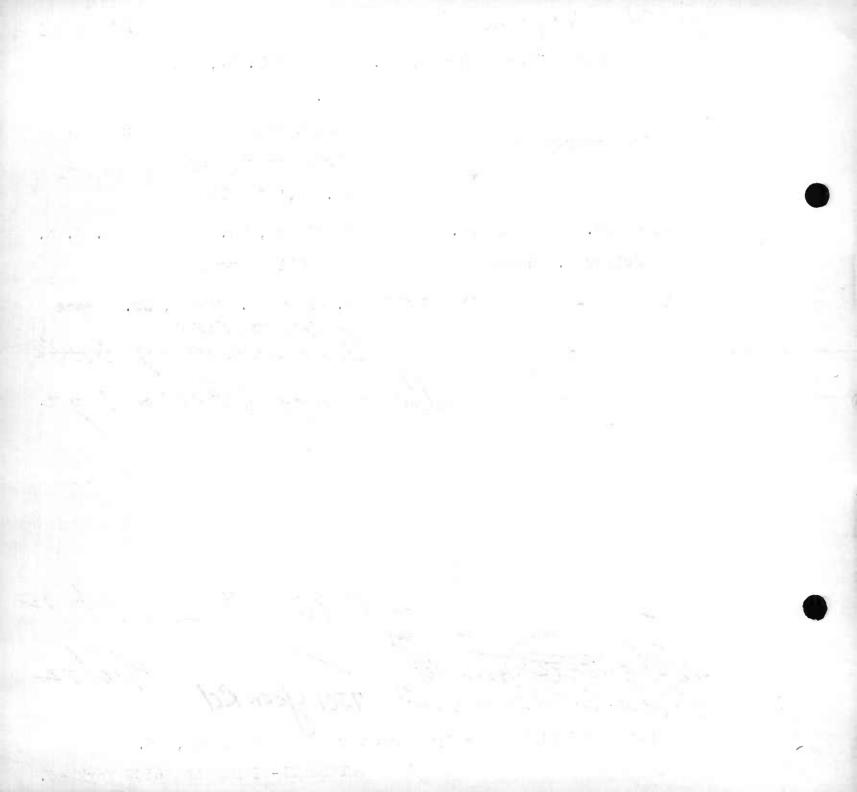
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prior to death.

BALTIMORE CITY	Y HEALTH DEPARTMENT	N. J. Davies, etc.
RICH NO.	ATE OF DEATH REG. NO. 72)1761
NAME OF DECEASED Taylor, Daniel NMI	February 13, 1972	3:30 P M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY Maryland	1901
Veterans Administration Hospital 3900 Loch Raven Boulevard	C. CITY OR TOWN Baltimore E. STREET AND NUMBER	
Baltimore, Maryland 21218	113 N Fulton Avenue 21223	
. SEX 6. RACE 7. MARRIED NEVER MARRIED Male Negro WIDOWED X DIVORCED 0A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	12/28/96 lost birthdoy) Month	der 1 Yr. If Under 24 Hrs. Solve Min.
one during most of working life, even if retired)		
Bag packer Madison Chemical Co	Clarks Wille, Va	USA
Richard Taylor	Sarah Johnson	
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (if yes, give wor or doles of service) Yes 10/27/17-12/5/18 16. SOCIAL SECURITY NO. 215-05-3865	VA Hospital Records 3900 Loch Raven Blvd., Balto	ADDRESS Md 21218
IB. / CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pulmonary embolus	45 minutes
(A) IMMEDIATE CALL (B) IMMEDIATE	A CONSEQUENCE OF:	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stating the UNDERLYING CONDITION last.	S A CONSEQUENCE OF:	0-
z II And		
O O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Adenocarcinoma prostate	
198. condition for which operation was regrossed adenocarcinoma prostate &benigh prostate hype	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN. IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF DEATH (notify medical examine)	in or obout 21 C. WHERE DID (If in Boltimore City.	give exact lacation)
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At North At Work		
22. I certify that () (this hospital) attended the deceosed from	January 18th 19 72 to Febru	ary 13th 19 72.
that (1) (we) lost sow the deceased alive on February 13t		eoth occurred on the date
and hour and from the causes stated above ((We) (did) (did for)		ATE SIGNED
AM ORRIVED AM	hending Med. Staff	2/165/72
23 C. PATSICIAN'S NAME (Type) EDWARD B. OSTROFF M.D.	23D. ADDRESS 3900 Loch Raven Boulev	ard
GEGREE 240. BURIAL CREMATION, 248. DATE , 24C. NAME of COMETERY OF CREMETERY OF CRE	Baltimore, Maryland 21 REMATORY, 24D. LOCATION (Cipropy)	.218 p, of county) (State)
REMOVAL (Sugarity) 2/18 /2 (15 Kutus Many	orial Port Makertus Ma	
25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNE OF DIRECTOR	O ADDRESS
FEB18 1972 Valley E. Hadley M.D.	Williams Junual Home	1941 SOMEWARL



1.50	72 1	01762		HEALTH DEPARTME	•	72 01762
BIRTH NO.			CERTIFICA	TE OF DEAT	Ш	
1Type or Print)	Eugene D		Thomas, Sr.		eb. 14, 1972	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, If i	nstitution: residence before admission)
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Md.		2758
				Baltimo	re	YES NO
00 15	514 Waverly	Way		E. STREET AND NUM		155 [-] 110 [
				1514 Wa	everly Way	
5. SEX	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A, USUAL OCC	CUPATION (Give kind of work	108 KIND OF		11. BIRTHPLACE IStote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Offic	f working life, even if retired) ce Mgr.	011	Co.	Baltimor		U. S. A.
13. FATHER'S NA				14. MOTHER'S MAIDE		
The same of the sa	Frisby F. T			Oli	ve Brown	
15. Was Decease (Yes, no or unknown	d Ever in U. S. Armed For	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
WW I	-		216 05 2150		e D. Thomas,	
	SE OR CONDITION DIR	ECTLY	CAUSE OF DEATH	n Me	tastatic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE () > 0 ,	sman off	me 1. wille
(This does	nat mean the mode of , asthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	16772186606	Jan Carlotte
injury of co	mplication which caused	death.)	(2)		10	
	ANTECEDENT CAUSES		(B) (-d)	C 12202250	LOT GLEL	Um 1-91-
rise to th	OR CONDITIONS, il one above cause (A) G CONDITION last	any, giving stating the	(C)	A CONSEQUENCE OF:	V	
	II		(0)	************************		
O OTHER SIGNI	FICANT CONDITIONS CON	NTRIBUTING				
Q DISEASE OR	TH BUT NOT RELATED TO THE	1 (A).	400000000000000000000000000000000000000			
19A-DATE OF	F OPERATION 198. CONI	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes	or No. 20R IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer	21 B. home etc.)	PLACE OF INJURY le.g., in b, farm, foctory, street, old	ar about 21 C. WHERE I	UR? (If in Boltimor	e City, give exact location)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
(APPROX.)		Whit	e At O Not While			,
22. I certify	that (1) (this hospital)	attended th		.10/22	10 7/ 40	2-1-1072
	last sow the decease			2-19 72-0	nd that In (my) (our) op!	nion death occurred on the date
	d from the couses state	ed above. (1)	(We) (did) (didinet) vi	ew the body ofter de	eath.	
23A. SIGN AT	URE Co	-	- M	. /		238 DATE SIGNED
1/1/1	delle Hi	25/2	DEGREE Phys.	ding Med. Director	Staff Phys.	2/11/72
NAME (Type	5	1 NO 2	3D. ADDRESS	21801	1 1
24A. BURIAL CRE REMOVAL (MATION, 24B. DATE	24C. NA	DEGREE ME of CEMETERY OF CREATER	150/ 90 MATORY 12	4D. LOCATION (CI	ty, town, or county) (State)
Buri			oodlawn Cem			in the second se
		25B NAME OF		25C. FUNERAL DIRE	Baltimore,	Md.
FFB1	8 1979 82 4	020	7 2 0 0	A 477	4	6500 York Rd.
VS 150-REV. 1/1/	48	-	DE 150			FORK WAS



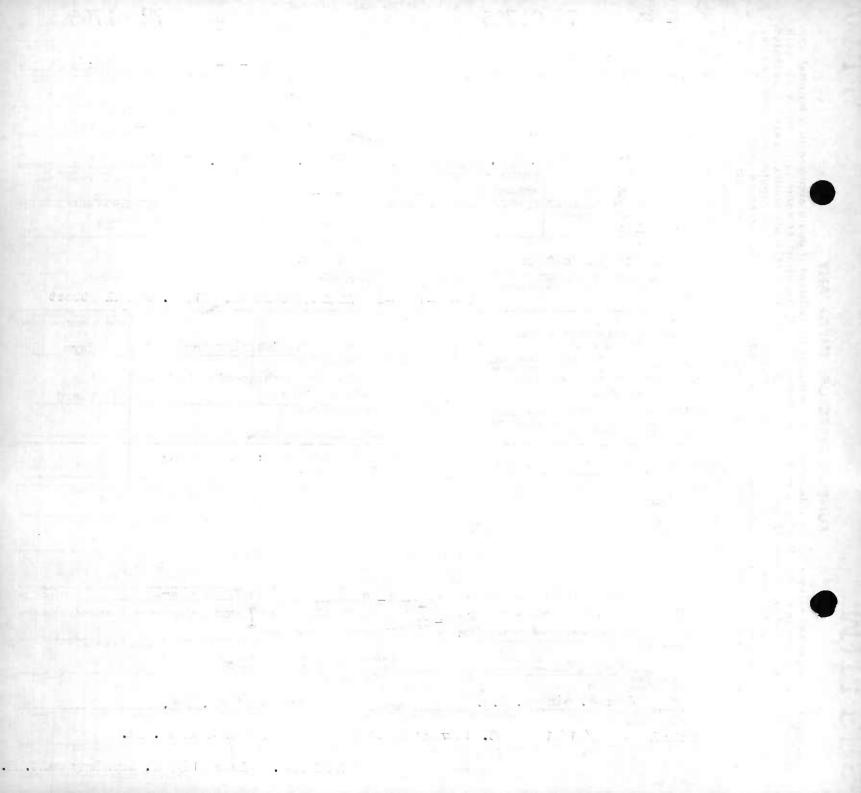
	M-265 72	01763 CERTI	DRE CITY HEAL	TH DEPARTMENT	REG. NO	72 (1763
	NAME OF DECEASED	m J. McCrone	110/112	2. DATE AL	nd hour of death		
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. US		ere deceased lived If		before odmission)
_ [] H	ULL NAME OF (IF NOT IN HOSPIT. OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STR	REET C. CIT	Id. Balti	more	SIDE CITY LIMITS?	68
	00		11	ltimore			№ □
6	526 Walker Ave	e	11	eet and number 6 Walker Av	е		
	SEX 6. RACE	7- MARRIED NEVER MARR	CED Aug	1,1893	9. AGE (In years lost birthdoy)	II Under 1 Yr. Months Days	Il Under 24 Hrs. Hours Min.
do	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) Letired Salesman	10 R KIND OF BUSINESS OR IN Cement		THPLACE (Stote or lare	ign country)	12. CITIZEN OF	WHAT COUNTRY
	FATHER'S NAME			THER'S MAIDEN NA	ME	U DAK	
	Martin F. MeCro	ne		Mary Ker	nny		
(Te	Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give war ar date:	es? 16. SOCIAL SECURITY NO	17. INF	ORM ANT		ADDRE	22
W	Wl	40110674		zabeth E. M	cCrone	Same	
(Ye	DISEASE OR CONDITION DIR		F DEATH	DAMA!			XIMATE INTERVAL ONSET AND DEATH
MOIL	(This does not mean the mode of heart failure, asthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last.	the disease, death.) (B) DUE TO	O, OR AS A CONS	England	lova	***************************************	17000000000000000000000000000000000000
CATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION 1198. CONDITIONS	E TERMINAL	100 A				***
ERTIFIC/	WAS PERF	DRMED	N ZUA	AUTOPSY? (Yes of No.	IN CERTIFYING CA	FINDINGS CONSID	DERED
CAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJUI home, form, factory, setc.)	RY (e.g., In ar about treet, office bldg	121C. WHERE DID	(If In Boltima	re City, give exoct lo	cotion)
MEDI	21D-TIME (Month) (Doyl (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCUR! While At	Not While	21F. HOW DID INJU	URY OCCUR?	165	
	22. I certify that (I) (this hospital) that (I) (we) last sow the deceased	ottended the deceased fro	m 5 1		9to		19
	and hour and from the guses state 23A. SQNATURE	MA	Attending &	body ofter deoth.	Shaff Phys.	23 B. DATE SIGNE	
24.4		rou BEL	DEGREE 23D. ADI	605 Cd	man	au	
244	REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATOR			ity, town, ar countyl	(State)
25A	Burial 2/17/72 FEB18 19/2" Colored	Parkwood Cem	25C.	FUNERAL DIRECTOR	for Ave	Balto	Md.
VS	150-REV, 1/1/6B	200	0 0	chell Wiede	rerd Home	500 York	Kd.

process and the second . . . The state of the s

	96094	10-652 72 01764 CERTIFICATE OF DEATH REG. NO. 72 01	764
	of death of death Deceased on the ith. Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	
	hospita ise of (5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A, STATE B, COUNTY	before admission)
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland Find 721001	622
	lin a ng caucause; attend	A wende	NO 🗌
	T	6 Aberdeen Apr	
0	occurre ontribut ermined regular regular is made	WIDOWED DIVORCED 9-8-4 last birthay) WIDOWED DIVORCED 9-8-4 last birthay)	If Under 24 Hrs. Hours Min.
	dete in r	over suring most of working may over a remired)	WHAT COUNTRY?
	if de ect o 4) Un was the the posit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	<i>t</i>
INT	7.50	Henry E. BUNNS Dr. ANNa Munnickysen	
ORTAN	assistantif the di ny kind; d death ance on r final d	Unknown 218-38-4840 Chart	22
IMPO	o, o, nce nce nce do o	DISEASE OR CONDITION DIRECTLY	NIMATE INTERVAL ONSET AND DEATH
~	Also onco antime	(This does not mean the mode of diving an (A) IMMEDIATE CAUSE Acousts Model of the mode of diving and the mode of diving an (A) IMMEDIATE CAUSE Acousts Model of the mode of diving an (A) IMMEDIATE CAUSE Acousts Model of the mo	rek
OR	iner iner ract pr	injury or camplication which caused death.)	
ECT	Wh Wh	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	prof
DIR	s i s	UNDERLYING CONDITION Inet	***************************************
RAL	medica medica y burns physic ian wa e rema	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
UNER	chie Bod the ysic	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	ERED
F	y the ital by e; (2) here No ph befor	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In or obout 21C. WHERE DID hame, form, fociory, sheet, office bidg., INJURY OCCUR?	cotion)
	4.5 ₹ ₹ ₽. ₽	21D. TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	y xx xx btc	22. I carelly shoe (Makis horotest) estended at a land 1	
	of a for the	that (I) (we) lost sow the deceased olive on February 15 19 72 and that in (our) opinion death accum	red on the dote
	e must be ap released to accident of a hospital or to death);	and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNET	<u> </u>
	rejecci acci a h or to	The first of the f	1972
	y was rely (1) An acci 3.A. at a l d prior to	NAME (Type) DEGREE	
	certificat body was vs. (1) An D.O.A. at assed pric	Rivial 2/18/72 III	
	This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDITIONAL TARTING FU	Md. RESS
		VS 150-REV. 1/1/68 Aberdeen	Md.

 the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	10		0 0/15	(A pr.	BALTIMORE CITY	HEALTH DEPARTME	ENT		MO	OIMOR
)-42	3	2 017	65	CERTIFICA	TE OF DEA	TH	REG. NO	12	01765
BIRTH	ME OF DEC	EASED						HOUR OF DEAT	14	
	or Print)					2. 07			n	1 70 55 1-1
3 91	ACE IN BAL	Annie Blo		MOIII	ICED DEAD	14. USUAL RESIDENC	E (Where	2-17-72	institutions	10:55 AM M.
	NAME OF					A. STATE B. Marylan	COUNT	Y	1112111011011	604
HOSE	TAL OR	ADDRESS OR	LOCATION)		NON, GIVE STREET	C. CITY OR TOWN		D. 11	ISIDE CITY	LIMITS?
						Baltimo	re		YES	NO
4	37					E. STREET AND NUA	ABER	1		
-	1	Mercy Hosp	ital. In	C.		577 N.	Chan	el St. #2]	205	
5. SEX	(6. RACE	7- MARR	JED K	NEVER MARRIED	8. DATE OF BIRTH	19	, AGE (In years		der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
F	emale	Negro	WIDOW			8-20-09	- 1	ost birthdoy)	52	s Doys Hours Min.
					USINESS OR INDUSTRY		or foreig	n country)		TIZEN OF WHAT COUNTRY?
	luring most of	working life, even If ref				North Ca				
	Housev									USA
13. FA	THER'S NA					14 MOTHER'S MAID	EN NAM	(E		
	Pa	arksdale: Co	ttman			Unknown				
15. W	ne Decoused	Ever in U. S. Arme	d Forces?	. [1	& SOCIAL	17. INFORMANT				ADDRESS
(Tes,n	No of unknown	lif yes, give war a	dates of servi		SECURITY NO. 217-09-1909-6	William B	locks	aton 517	N. Chr	apel Street
18		06.			CAUSE OF DEATI		20010	3.7011		APPROXIMATE INTERVAL
"	7/0	E OF COUNTY	LDISCOUL		CAUGUS OF DEATH					BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION				SE Cereberal	Wasi	inal malur	dont	4
C	This does m	of mean the mod	e of dying,	e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	V _A O	Julai MCC1	dello	days
		asthenia, etc. It m plication which ca		ase,	DOC 10, 0x 20	Arterial	C-17		. 3.2	
		ANTECEDENT CA		4	720.04	cular Diseas		epotic Car	'Q10-	
					(8)		-			years
		R CONDITIONS,			DUE TO, OR AS	A CONSEQUENCE OF				
		CONDITION las		****	(c)					
-		13								
Z o	THER SIGNIF	CANT CONDITIONS	CONTRIBUTI	NG		rene left fo	oot;	Pneumoni	a;	
F	O THE DEAT	H BUT NOT RELATED ONDITION GIVEN IN	TO THE TERMIN	IAL	Rena	l Failure:				
U 19	A-DATE OF	OPERATION 198	CONDITION F	OR W	HICH OPERATION	20A. AUTOPSYT (Ye	s or No	208, IF YES, WEI	E FINDING	S CONSIDERED
CERTIFICATION	/ 2-	WAS	PERPORMED			No		IN CERIFIING	AUSES OF	PEAINT
Ü 2	A ACCIDE	NT WAS UNDERLY	NO	218. P	LACE OF INJURY leage in form, factory, street, of	or obout 21C. WHERE	DID	(If In Boltin	nore City, g	give exact location)
A D	EATH Inotily	medical examined		elc.)	tarm, tactory, street, or	nce blog INDUKT OC	COR			
21	D. TIME	(Month) (Doy) (Yead (Houd	21F. 1	NIURY OCCURRED	215. HOW F	DID (NII	IRY OCCUR?		
ME	F INJURY	trioning (Doj)	1000		At Not Whit		10 1110	AT GOOGH		
1/	APPROX.)			Work	Al Work					
2:	2. I certify	that (1) (this hos	pital) attend	ed the	deceased from 1.	28	1	9 72 to	2-1/	1972
11	hat 🔟) (we)	last saw the dec	eased ailve	on	2-17	19 /2	ond the	it In (cor) (aur) c	pinion de	eath occurred on the date
a	nd hour an	d from the courses	stated abov	e. (I)	(May (qiq) (garcastx			•		
	A. SIGNATU				(335 (414) (443)	tow the body ditor t	2041116		23 B. D.	ATE SIGNED
	0	0 0	1			nding Med.		Stoff [
		In a		1	DECAGE Phy		r LJ :	Stoff Phys. DC	1	-1>->>
2	NAME IT	ype)		-		23D. ADDRESS			-	
	//	John A. S	inger.	M.D.	DEGREE	Merc	v Has	pital. In	C.	
24A.	BURIAL CRE	MATION, 248. DAT	E 24		ME of CEMETERY of CRI	MATORY		CATION		, or county) (State)
		2/21)		W+	Calwary Ceme	tam	Ann	e Arundel	Co. M	d.
	Buiral	BY HEALTH DEPT.			REGISTRAR	25C. FUNERAL DI		CALMINGL	00. III	ADDRESS
- 0	EB18	1972 022	22.32	Allera .	MA O O			100	O M	
		NIE COO	Se de Las	0,50		William	9. 2	brcer, 103	שוע פו	Broadway Balt.M
1/5 1/	50-REV. 1/1/	6.8					77			

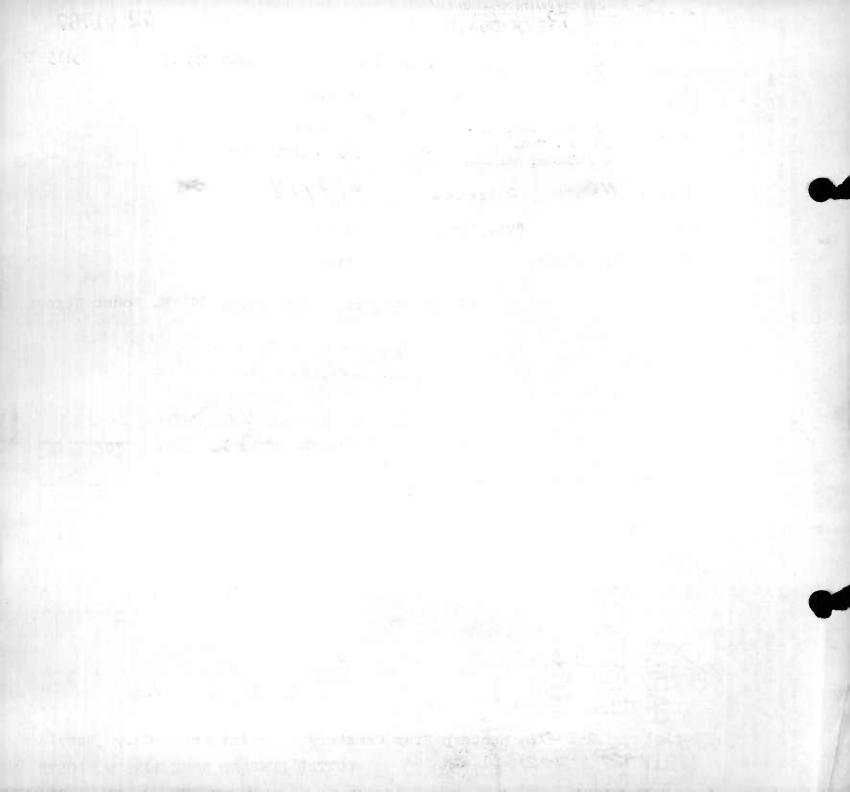


5	1.10	0 =0	0.4 1040	BALTIMORE CITY	HEALTH DEPARTMENT			
BIR	TH NO.	72	0176	CERTIFICA	TE OF DEATH	REG. NO	72	1766
1. N	AME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH		
(i y j	pe or Printl	loger G. Mo	ore		Feb	ruary 13,	1972	M.
		TIMORE MARYLAND, Y			A STATE & COU	nere deceased lived. If in	nstitution; residen	ce before admission)
HC IN:	LL NAME OF	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS	
0	1539 N	. Payson S	treet		Baltimore E. STREET AND NUMBER		YES V	NO 🗌
					1539 N. Pay	yson Stree	t	
	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	Months Doys	Hours Min.
	Male	Negro	WIDOWED		1-5-1911	61		
		JPATION (Give kind of wor working life, even if refired)		Post	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN C	OF WHAT COUNTRY?
	vatchma		P . D .	fice	Maryland		US	SA .
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N.	AME		
	George	e Moore			Mary White			
15. (Ye:	Wes Deceased s, no or unknown	Ever in U. S. Armed Fe	rees?	SECURITY NO.	17. INFORMANT		ADD	DRESS
	No	+		212-03-9973	Mrs. Inez S	Moore 15	39 N. P.	avson Stree
CERTIFICATION	DISEASES Conse to the UNDERLYING OTHER SIGNIFT TO THE DEAT DISEASE OR C	LEADING TO DEATH of mean the mode of asinenia, etc. it mean uplication which cause ANTECEDENT CAUSE OR CONDITIONS, if a obove cause (A) 3 CONDITION last. II CICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION WAS PE	f dying, e.g., the disease, d death.) S any, giving stating the DITRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:			1966
-	21 A. ACCIDER OR CONTRIBL	NT WAS UNDERLYING	218	LPLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID		re City, give exo	
CA	DEATH Inotify	medical examined	etc					
MEDICAL	21 D. TIME OF INJURY IAPPROXJ	(Month) (Day) (Year	1 110	INJURY OCCURRED Not While At Work	21F, HOW DID II	VIURY OCCUR?		
	22. I certify that (I) (we) and hour an 23A. SGNATU 23C. PHYSICIA NAME (I) Ray:	ner Browne	attended of all and all all and all and all and all and all and all and all all all all all all all all all al	the deceased from - 4 (We) (did) (distance) v SKOWNESON ST. All Schille Phy ORE D. DEGREE	19 3 2 and riew the body after death onling Med. Director 123D. ADDRESS	that In (my) (ous) opi	23B. DATE SIG	16.7Z
24	REMOVAL I	MATION, 248. DATE Specifyl 2-17-		butus Memori		Baltimore	CO.	Maryland
25	A. PEBT			OF REGISTRAR	25C. FUNERAL DIRECTO		-	ADDRESS
VS	150-REV. 1/1/	68	7	The second second	INOTIEK FOR	NEWAL HOME	3035 W	. NORTH AVE



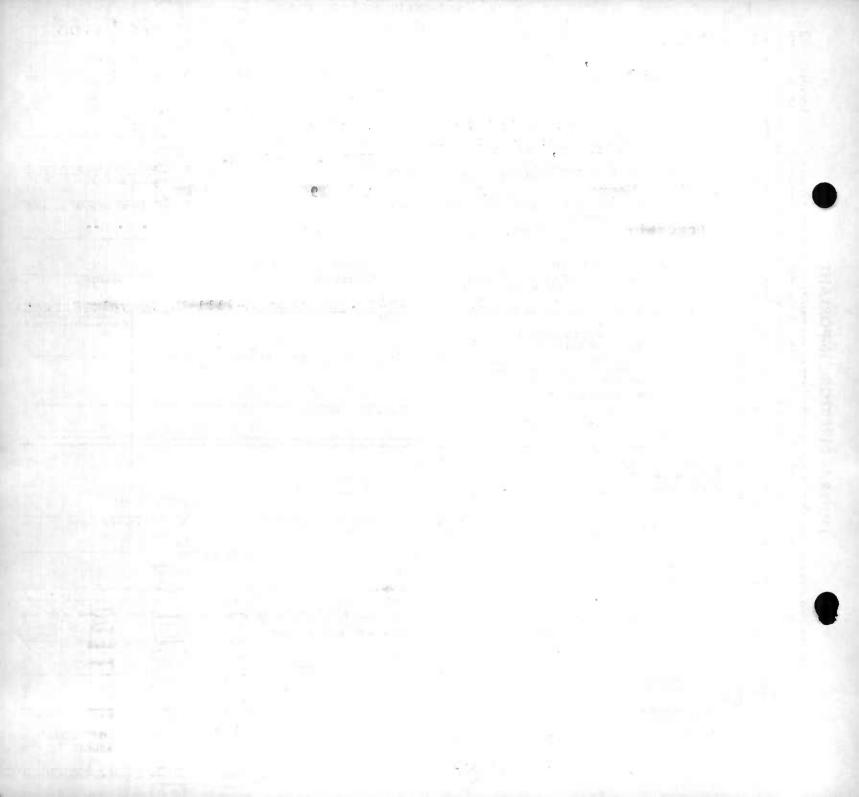
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RTH NO.		767 CERTIFICA			
NAME OF DECEASED ype or Print)	Greene,	marie		ary 15, 19	
HOSPITAL OR INSTITUTION	If not in hospitol or institudidress or location) Midtown Home	Inc.	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outsi Baltimore	de city limits, write	RURAL ond give township)
	808 St. Paul Baltimore, Ma		305 N. Mount St	rol, give locotion)	
Female . 1	Vegto D	OWED, DIVORCED (specify)	6/9/18 "	AGE (In years st birthdr 53	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Domestic FATHERS NAME	ite, even if retired)	t. Family	Maryland 14. MOTHER'S MAIDEN NAM		USA
Samuel H	. Greene		Lucy Matthe		
. Wos Deceased Ever in es, no or unknown) (If yes, NO	U. S. Armed Forces? give wor or dotes of ser		17. INFORMANT	205	ADDRESS N. Mount Street
1 P A 44	CONDITION DIRECTLY	a	".0 P.		
(This daes not med heart failure, astheni injury ar camplication ANTECL DISEASES OR COrise to the data of the data	NG TO DEATH In the made of dying, a, etc. II means the dis n which caused death.) EDENT CAUSES NDITIONS, if any, re cause (A) stating DITION last.	(B) DUE TO Inving The	estiged theto	variagi astasi	lune
(This daes not med heart failure, astheni injury ar camplication ANTECL DISEASES OR COrise to the data of the data	NG TO DEATH In the made of dying, a, etc. II means the dis In which caused death.) EDENT CAUSES NDITIONS, if any, go The cause (A) stating DITION last. I CONDITIONS CONTRIB BUT NOT RELATED TO THON CAUSING IT.	UTING O THE	entiped hex	astasi un Ja	FINDINGS CONSIDERED LUSES OF DEATH?
(This daes not med heart failure, astherni injury ar camplication ANTECI DISEASES OR CO rise to the about UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITION OF CONTRIBUTING TO CONTRIBUTING T	NG TO DEATH In the made of dying, a, etc. II means the dis n which caused death.) EDENT CAUSES NDITIONS, if any, go the cause (A) stating DITION last. II CONDITIONS CONTRIB BUT NOT RELATED TO TION CAUSING IT. TION 19B. CONDITION WAS PERFORMED S UNDERLYING CAUSE OF	UTING O THE	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? Te City, give exact location)
(This daes not med heart failure, astheni injury at camplication ANTECL DISEASES OR CO rise to the about UNDERLYING CON TO THE DEATH DISEASE OR CONDITION TO THE DEATH DISEASE OR CONDITION TO THE DEATH OR CONTRIBUTING DEATH (notify medical population).	NG TO DEATH In the made of dying, a, etc. II means the dis n which caused death.) EDENT CAUSES NDITIONS, if any, go the cause (A) stating DITION last. II CONDITIONS CONTRIB BUT NOT RELATED TO TION CAUSING IT. TION 19B. CONDITION WAS PERFORMED S UNDERLYING CAUSE OF	UTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	re City, give exact location)
(This daes not mea heart failure, astherni injury ar camplication ANTECL DISEASES OR COMISE to the data UNDERLYING CON TO THE DEATH DISEASE OR CONDITION TO THE DEATH DISEASE OR CONDITION TO THE DEATH DISEASE OR CONDITION TO THE DEATH CONDITION TO THE DEATH CONTRIBUTION TO THE CONTRIBUT	NG TO DEATH In the made of dying, a, etc. II means the dis n which caused death.) EDENT CAUSES NDITIONS, if any, go re cause (A) stating DITION last. II CONDITIONS CONTRIB BUT NOT RELATED TO TION CAUSING IT. TION 19B. CONDITION WAS PERFORMED CAUSE OF I examiner) I) (Day) (Year) (Hour) I) (this hospital) attent aw the deceased alive the causes stated aba	TING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, elc.) 21E. INJURY OCCURRED While A1 Not White A1 Work ded the deceased from ve (1) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 7 7 and that view the bady after death. tending X Med. Property Services Se	208. IF YES, WERE IN CERTIFYING CA (If in Boltimor RY OCCUR? in (my) (aur) api toff hys.	



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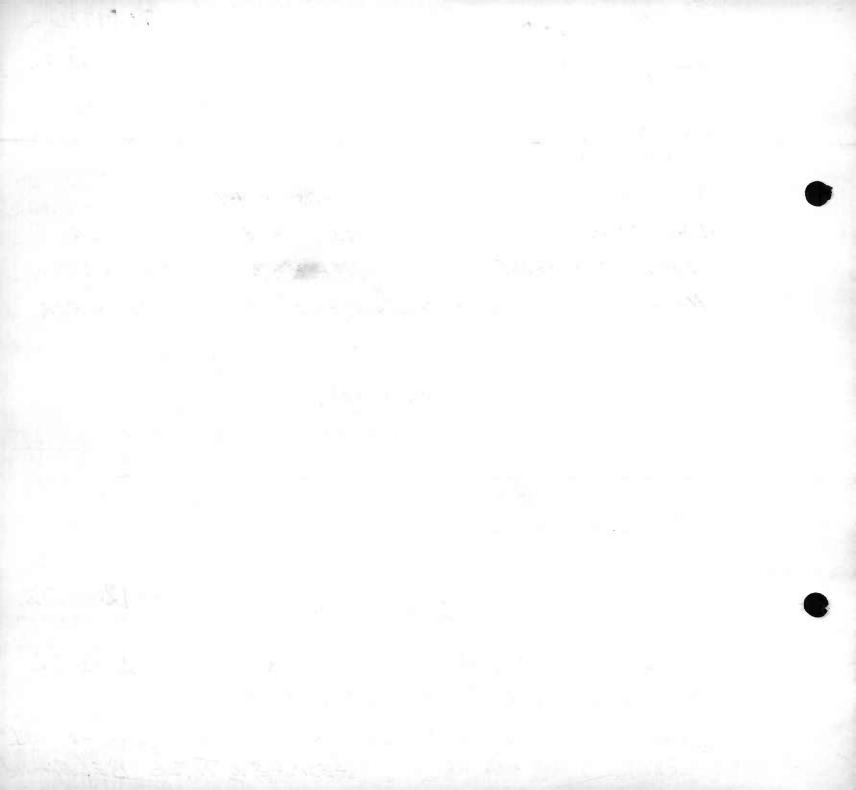
1. N	IAME OF DECEASED		CERTITICA	TE OF DEATH	AND HOUR OF DEAT	15 01100
(Туг	pe or Print Henderson, Mai	ble			2 111	
	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCE		A STATE B. CO	here deceased lived. II UNIY	Institution: residence before admissi
INS	Provident	Hospital Co	omplex	Baltimore E. STREET AND NUMBER		ASIDE CITY LIMITS? YES \(\textsize \) NO \(\textsize \)
	Baltimore	rty Heights, Maryland	2T2T5	1111 W. Lanva		
5. S	emale Negro	7- MARRIED NI	EVER MARRIED DIVORCED	10/12/1904	9. AGE (In years lost birthdoy) 67	Months Doys Hours Min
	LUSUAL OCCUPATION (Give kind of wi the during most of working life, even if refired Domestic			Maryland	areign country)	U. S. A.
13.	Richard E. Green		A made of the P	Bessie Dav		
15. \ (Ye)	Was Deceased Ever in U. S. Armed F s, no or unknown) (If yes, give wor or do NO		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	DISEASE OR CONDITION E	DIRECTLY	CAUSE OF DEAT	iH —	GILURE	V. Lanvale Stree APPROXIMATE INTERVA BETWEEN ONSET AND DE
	(This does not mean the mode cheart failure, asthenia, etc. It mean injury or complication which cause ANTECEDENT CAUSI		/			
АПОИ.	DISEASES OR CONDITIONS, If rise to the above cause (A UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P.	ony, giving) stating the ONTRIBUTING THE TERMINAL ART 1 (A).	(c) HROM	RIOSCLE POTIC SACONSEQUENCE OF:	_,	
ENTIFICATION	DISEASES OR CONDITIONS, If rise to the above cause (A UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 179A. DATE OF OPERATION 179A. CO. WAS PI	ONTRIBUTING THE TERMINAL ART 1 (A). NIGHTON FOR WHICE REFORMED	(c) HRBH	S A CONSEQUENCE OF: IC YREMIA 20 A- AUTOPSYS (Yes or	No) 208, IF YES, WER	TE FINDINGS CONSIDERED CAUSES OF DEATH?
ICAL CERTIFICATION	DISEASES OR CONDITIONS, III nise to the above cause (A UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITIONS CONTINUES OF CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. COWAS PILLA ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inotify medical examined	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR WHICE REFORMED 21 B. PLAC home, for	(c) HROM OPERATION CE OF INJURY (a.g., m, factory, street, c	IC UREMIA 20A AUTOPSYS (Yes or in or about 21C, Where Did fine bidg, INJURY OCCUR	No. 208, IF YES, WER IN CERTIFING C	LE FINDINGS CONSIDEREO CAUSES OF DEATH? nore City, give exect locotion)
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MEDICAL	DISEASES OR CONDITIONS, If size to the above cause (A UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. COWAS PICTURE OF CAUSE OF DEATH Inotify medical examined 21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. I certify that (I) (this hospit that (I) (we) last saw the decean	ONTRIBUTING THE TERMINAL ART 1 (A). PNDITION FOR WHICH REFORMED 21 B. PLAC home, for etc.) d (Houd 21 E. INJU White AI Work ai) attended the de sed alive an	CE OF INJURY (e.g., m, factory, street, c	In or about 21 G. WHERE DID 18 G. HOW DID 18	No) 208, IF YES, WER IN CERTIFYING ((If In Boltin NJURY OCCUR? 19ta that in(my) (aur) a	nore City, give exact location)
MEDICAL	DISEASES OR CONDITIONS, If rise to the above cause (A UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING THE TERMINAL ART 1 (A). PNDITION FOR WHICH REFORMED 21 B. PLAC home, for etc.) d (Houd 21 E. INJU White AI Work ai) attended the de sed alive an	CE OF INJURY (e.g., factory, street, configuration) JRY OCCURRED Not White At Work (e.g., factory, street, configuration) (did) (did not)	20A AUTOPSY? (Yes of in or about 21C. WHERE DID affice bidge INJURY OCCUR. 21F. HOW DID to the idea of the idea o	No) 208, IF YES, WER IN CERTIFYING ((If In Boltin NJURY OCCUR? 19ta that in(my) (aur) a	nore City, give exact location)
MEDICAL	DISEASES OR CONDITIONS, If size to the above cause (A UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSE OF DEATH inosity medical examined 21 D. TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. I certify that (I) (this hospit that (I) (we) last saw the decear and haur and fram the causes start and haur and fram the cause start and haur and fram the cause start and haur and fram the causes start and haur and fram the cause start and haur and fram the cause start and haur and fram the cause start and haur and haur and fram the cause start and haur and hau	ONTRIBUTING THE TERMINAL ART 1 (A). ONDITION FOR WHICH PROPRIED 21 B. PLAC home, for etc.) d (Houd 21 E. INJU White AI Work al) attended the de sed alive an cated abave. (1) (We	DUE 10, OR AS (C) HRBH H OPERATION CE OF INJURY (e.g., m, factory, street, c) JRY OCCURRED Not Whit At Work DECREE DECREE	20A-AUTOPSYS (Yes of in or about 21C, WHERE DID office bidge, INJURY OCCUR. 21F. HOW DID to the interest of t	No) 208, IF YES, WER IN CERTIFYING CO. (If In Boltin NJURY OCCUR? 19	2// 19 7: Apinian death accurred an the company of
WEDICAL B	DISEASES OR CONDITIONS, If rise to the above cause (A UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR WHICH PROPERTY OF THE TERMINAL ART 1 (A). WINDITION FOR WHICH COLUMN TO THE TERMINAL ART 1 (A). WHITE AI Work al) attended the de sed alive an cated abave. (i) (We Out full 2 24C. NAME (DUE 10, OR AS (C) CHROM H OPERATION CE OF INJURY (a.g., mp. factory, street, c.) JRY OCCURRED Not Whith At Work increased fram 2 (did) (did not) DEGREE Physics	In or about 21C, WHERE DID strice bidge INJURY OCCUR. 21F. HOW DID to the bady after deat view	No) 208, IF YES, WER IN CERTIFYING COUR? If in Boltin NJURY OCCUR? 19ta	2 / 4 19 7





MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 72 01770
DIKITI NO.	
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
Tyrone P. Truss	DEATH Estimoted L & / / & M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 2 17 72 8:20 A.
3821 Park Heights Avenue	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED ☐ DIVORCED ☑	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. 11 Under 24 Hrs.	
last birihdoy) Manihs , Doys , Hours , Min.	
12-21-1938 33 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3821 Park Heights Avenue
WHAT COUNTRYS	13. FATHER'S NAME
Maryland WHAT COUNTRY?	William J. Truss
14A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
	al Katherine Brown
MAS DECEASED EVER IN ILS ARMED ECOCES 117 SOCIAL	IR INTEGRALATE
(Yes, no or unknown) (If yes, give war or dales of service) SECURITY NO. 2.28-44-785	Basil Truss 1235 Glenwood Avenue
190 Z20-44-705	ATH APPROXIMATE INTERVAL
19. CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	CAUSE Gunshot wound of chest
(This does not mean the made of dying, e.g., heart follure, osthenio, eic. it means the disease, injury ar complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	No
Z22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY (e.g.,	
UNDERLYING TOP CONTRIB. Shome, form, foctory, street, office	in or obaut 22C. WHERE DID (II in Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. Description of the control o	3821 Park Heights Avenue
OF INJURY	22F. HOW DID INJURY OCCUR?
2 17 72 6:50 m. WORK AT W	white shot self
23.	
1 certify that I held an Inquiry Inspection Au	stapsy and that an this basis, death in my opinion
resulted fram: Natural causes Accident Sulcide Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL (1/2) Some	ASSISTANT MEDICAL EXAMINER
TO SIGNATURE LANGE LANGE TO THE PROPERTY AND AND	2-17-72
SIGNATURE MADE M.D.	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Springate, M.	D. ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Charles S. Springate, M. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	D. or CREMATORY 24D. LOCATION (City, tawn, ar county) (Stote)
EXAMINER'S NAME (Type) Charles S. Springate, M. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial Charles S. Springate, M. 24C. NAME of CEMETERY Swageville	D. Or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
EXAMINER'S NAME (Type) Charles S. Springate, M. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2-21-1972 Swageville 25A. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	D. or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
EXAMINER'S NAME (Type) Charles S. Springate, M. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial Charles S. Springate, M. 24C. NAME of CEMETERY Swageville	D. or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Cemetery Accamac Co. Virginia

The state of the s



S FOR TO CLERK	BALTIMORE CITY	HEALTH DEPARTMENT	-	72 01774		
0-500 72 01774 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	COLITE		
1. NAME OF DECEASED (Type or Print) SC / / /) ANKE	1 EDNO	OR 2 M 2. DATE AND	HOUR OF DEATH	22 11 P.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE IWhere	deceosed lived. If institu	tion: residence before admission)		
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	Mets 1 and.		2642 CITY LIMITS?		
4	1/	BEITIMO	20	S NO 🗆		
UNION MEMORIAL	Mosh 19/	43/3 NIG	choles	406208		
5. SEX 6. RACE 7. MARRIED WIDOWED T		8. DATE OF BIRTH 9.	AGE (In years If M	Under 1 Ye, Il Under 24 Hrs. onths Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or foreign	country) 1:	2. CITIZEN OF WHAT COUNTRY?		
done during most of working life, even if retired) Heusewiie		MARYIZ	ND	U.S.A		
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	D	21:00		
HOHR / Y John		KEDNO1	RO DA	RNES		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
No	214-12-216		Schwanke	Same APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		11	BETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A)IMMEDIATE CAU	E1286120	Vascok	R ACCIDENT		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:				
Injury or complication which caused death.)	110	1000001100	-1- (2)	2/1/210 20		
ANTECEDENT CAUSES	ANTECEDENT CAUSES (B) ARTERIO SCIEROSIS (QUA) USC. D.					
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:				
	()					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	VHICH OPERATION	20A AUTOPSTE (Yes of No)	20B IF YES WERE FINE	DINGS CONSIDERED		
WAS PERFORMED		23	208, IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	e, farm, factory, street, of	n or ebout 2 C. WHERE DID	(If In Boltimore Ci	ty, give exoct location)		
O 21D-TIME (Month) (Doy) (Year) (Hour) 21E, Whit	INJURY OCCURRED	21F. HOW DID INJUI	TY OCCUR?			
(APPROX.) Whi	le At No! While At Work					
22. I certify that (I) (this hospital) attended th	ne deceased from	2-14 19	72 to 3-1	7 - 1972		
that (i) (we) last saw the deceased alive on	2-17	19.72 and that	In (my) (our) opinion	n death occurred on the date		
ond hour and from the causes stated above. (I	(We) (did) (did not) v	lew the body after death.				
23A. SIGNATURE Wattla	LLAS ILLO Ather		off ys.	E. DATE SIGNED Z - / 7- > 2		
23G-PHYSICIAN'S NAME ITYPE A. BOT	TilaNa M	D UN'ON	MEdlon	'al Hespital.		
24A. BURIAL CREMATION, 248. DATE 24C.NA REMOVAL ISpecify)	ME OF CEMETERY OF CR	EMATORY 24D. LO	CATION ICity,	lown, or county) (State)		
	oreland Mem	orial Pk Ba	ltimore. M	arvland		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C		25C. FUNERAL DIRECTOR	•	ADDRESS		
FEB 2 2 79/2 U6500 2 4 18 1800		Leonard J Ru	ck Inc. Ba	Itimore, Md		
VS 150-REV. 1/1/68						

P. LWHILE

THE P. LEWIS CO.

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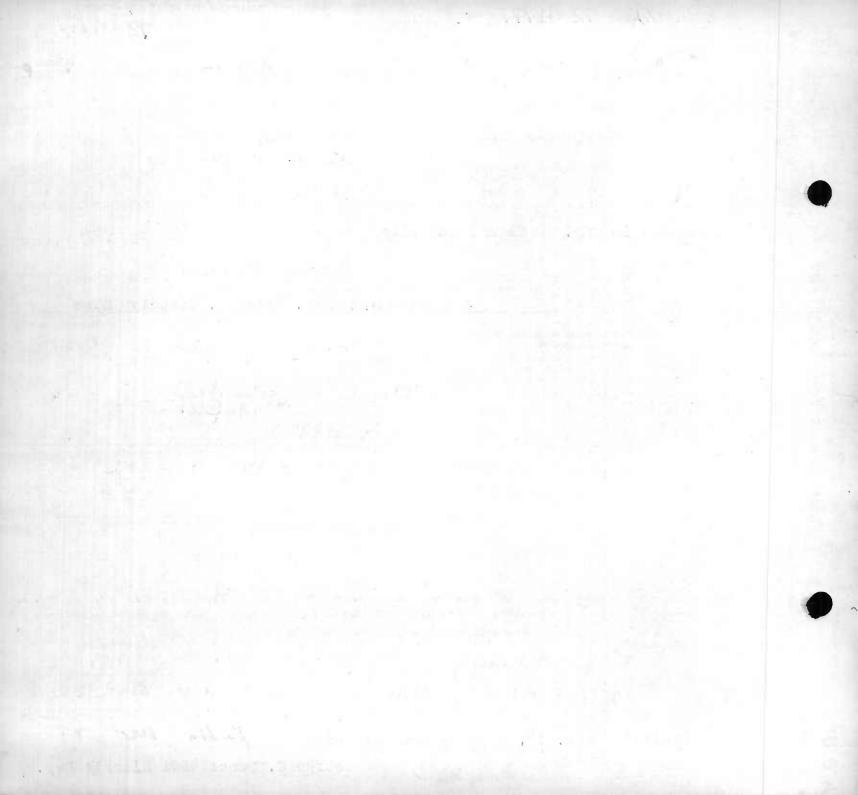
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191-62	37 72 01	775	BALTIMORE CITY	HEALTH DEPARTMENT		72 01775
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	12 02
NAME OF DEC	NELLIE	S	WARD		AND HOUR OF DEATH	9 45 p.
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If ins	titutian; residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTI	ION, GIVE STREET	Maryland C. CITY OR TOWN		2642 DE CITY LIMITS?
00	COURT IS CON		TO S	Baltimore		YES 🖪 NO
40	GOULD'S CON	VALESARI	JM	4338 Parksio	le Drive	
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
female	caucasian	WIDOWED	DIVORCED	Feb.13,1890	82	i i i i i i i i i i i i i i i i i i i
	warking life, even if retired)	10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	preign country)	U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN N	AME	U.D.N.
	hn V Ward			Elizabeth	?	
S. Was Deceased Yes, no or unknown	(If yes, give wor or dote	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No. 18. 22 5		2	215-52-8378	rs Mary	Kellum 30	39 Fleetwood A
OTHER SIGNIF	OR CONDITIONS, if a above cause (A) G CONDITION last. FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PART OPERATION 1198. CON	Stating The NTRIBUTING HE TERMINAL T 1 (A).	Multiple "Little	A CONSEQUENCE OF: Studies (7)	Too true of at fair	1
19A. DATE OF	WAS PERI	ORMED	TOTAL OF EXAMEN	22-	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner)	21B. Pl home, etc.)	ACE OF INJURY (e.g., i farm, foctary, street, o	n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacation)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Haur) 21 E. It While Wark	At Not While At Wark	21F. HOW DID I	NJURY OCCUR?	
ond hour one	IRE Bre	ed above. (1)	2// (Va) (did) (did not) v	riew the body ofter death	1.	ian death occurred on the d 238. DATE SIGNED $2/(8/72$
23 C. PHTSICIA		B. Brad		23D. ADDRESS 4900 Bela	air Road, Balt	to, Md.
4A. BURIAL CRE	MATION, 24B. DATE Specify)	24C. NAM	AE of CEMETERY of CR	EMATORY 24D.	LOCATION (City	, town, or county) (State
Burial	2/21/7	2 Bal	timore.	I	Baltimore. N	Marvland
SA. DATE REC'D	BY HEALTH DEPT.	2SB. NAME OF	timore,		Baltimore, N	
FFB 9 %	9972 1266	and and	MA O O	Leonard J.	Ruck, IncBal	Lto, Md.

Charlens, selling

PROTOGER STATE

3,11 The transfer of the transfer o a cold vin cold gr



23C. PHYSTCIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV. 1/1/68

Burial 2/1
25A. DATE REC'D BY HEALTH DEAT Burial

9

Such

death.

a hospital and

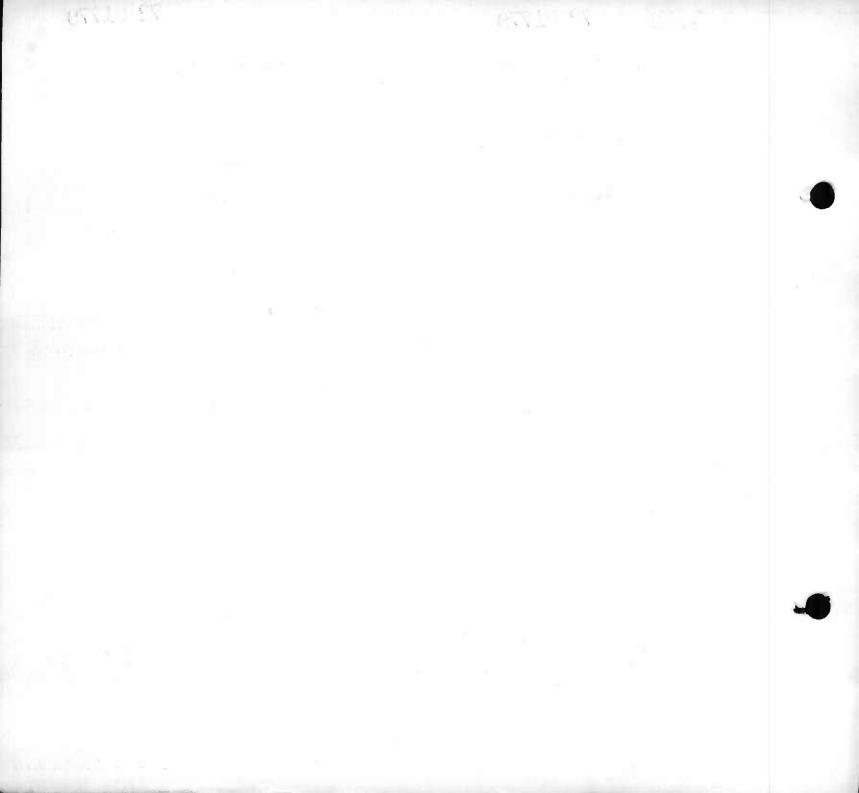
	RTIFICATE OF DEATH REG. NO. 72 01778
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Earl P. Rehling	2/16/72 12:00 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
2101 W. Pratt Street	Baltimore YESK NO
00	e. STREET AND NUMBER 2101 W. Pratt Street
Male Caucasian Never M WIDOWED DIV	ORCED 6/29/1900 OST DIMPEDY) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS Of done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Merchant	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman A. Rehling	Louisa Liebig
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURIT	17. INFORMANT
Yes 219 3	200 907 Vernon H. Rehling 205 Rock Glen Rd.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MEDIATE CAUSE Cancer of Lung JE 10, OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF IN	
198. CONDITION FOR WHICH OPERA	ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctor DEATH (notify medical examined)	NJURY (e.g., In or obout 21 C. WHERE DID (If In Boltimore City, give exact location) ory, street, affice bidg., INJURY OCCUR?
(APPROX.) Work	Not While At Work
22. I certify that (1) (this hospital) attended the deceased	
that (I) (we) last saw the deceased alive an Febru	ary 16 19 72 and that In(my) (aur) opinion death occurred an the date
and haur and from the causes stated obaye. (1) (We) (dis)	(did nat) view the body after death.
	23 B. DATE SIGNED

23D. ADDRESS Med. Director February 18.1972 Christopher J. MendelisM.D. 2308 Edmondson Ave. Balto., 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 2 Western 258. NAME OF REGISTRAR Baltimore, dw. S. MacNabb S 301 Frederick Rd. Sons, Inc. ADDRESS d. Catonsville, Md.

8771 57 · • The same to the same of the sa 301 Fracester ve Catemeritie, 10.

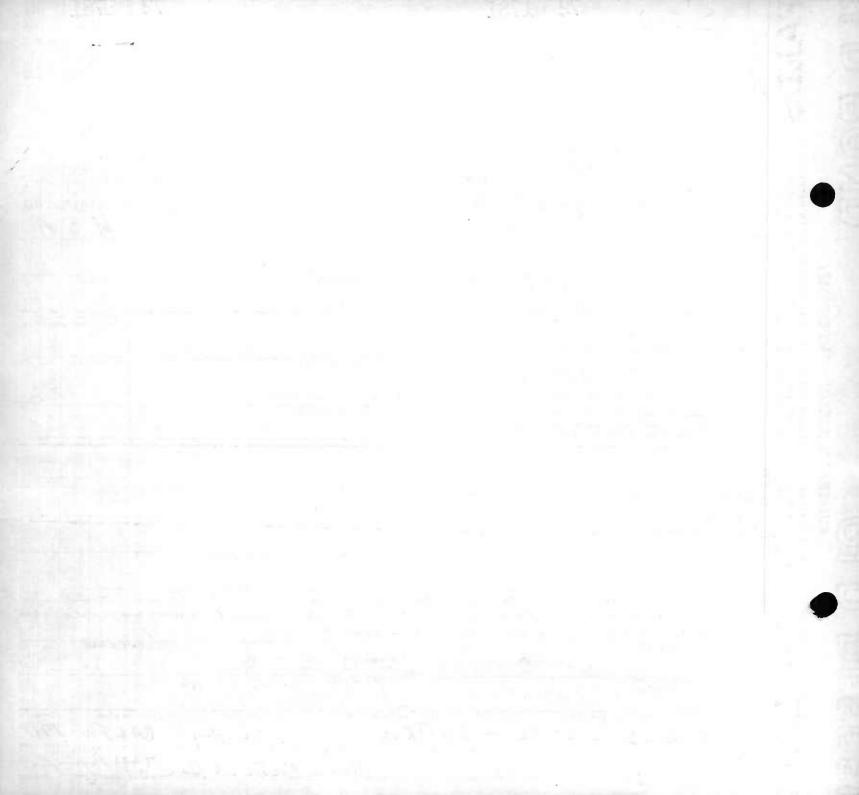
This certificate must be allowed by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

P-626	72 0177	/4		E OF DEATH	REG. NO	72 01	779
BIRTH NO. 1. NAME OF DECEASED (Type or Print)	KEr. M		NCINE		ID HOUR OF DEATH	1 - 2 -	210 1160
3. PLACE IN BALTIMORE,	MARYLAND, WHERE P	7 7 7	D	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution; resident	ce before admission)
FULL NAME OF (IF I HOSPITAL OR ADI	NOT IN HOSPITAL OR DRESS OR LOCATION)	INSTITUTION, GIVE	STREET	A. STATE B. COUN C. CITY OR TOWN		SIDE CITY LIMITS?	403
	Markland	Hosp.		BATIMORE E. STREET AND NUMBER 2138 MELL		YES 🔀	NO []
5. SEX 6. RACE	7. 88 8	RRIED NEVER N	Apples N 8		9. AGE (In years	If Under 1 Yt	. If Under 24 Hrs.
F /	Egra WIDO	OWED DIV	ORCED	28 Feb '04	last birthday)	Months Doys	Hours Min.
tOA, USUAL OCCUPATION done during most of working life		ND OF BUSINESS O	R INDUSTRY 1	PENN.	ign country)	12. CITIZEN O	FWHAT COUNTRY
13. FATHER'S NAME	-		14	4. MOTHER'S MAIDEN NA	ME	1 2	
JAMES	Brownso,	N		AMANDA D	OWNES		
15. Was Deceased Ever in U (Yes, no or unknown) (If yes,	J. S. Armed Forces? give wor ar dates of se	1 6. SOCIAL SECURIT	Y NO.	INFORMANT	V	ADD	RESS
18. 24 44 44 6	A.	CAUS	E OF DEATH	Chart,		ADDI	ROXIMATE INTERVAL
DISEASE OR CO	ONDITION DIRECTLY TO DEATH		CAR	DIAC AR	REST	BETWE	EN ONSET AND DEATH
heart failure, asthenia,	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
rise la lhe abave	rise la lhe abave cause (A) stating the UNDERLYING CONDITION last. (C)						
OTHER SIGNIFICANT CO							
DISEASE OR CONDITION	GIVEN IN PART 1 (A).	***************************************	ATION	120 A A	V 608 15 W-2		***************************************
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A-DATE OF OPERATI	WAS PERFORMED	ATA Thromb	4515	20A. AUTOPSY? (Yes or No	20R IF YES, WERE IN CERTIFTING CA	TINDINGS CON	SIDERED 1?
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21 B. PLACE OF I home, form, focto	NJURY (e.g., in only, street, affic	or obout 21 C. WHERE DID e bidg., INJURY OCCUR?	(If In Boltimo	re City, give exoc	l location)
	(Day) (Year) (Haud	While At	Not While t	21F. HOW DID INJ	URY OCCUR?		
	(41.4-1 - 4-1)	Work L	At Wark	Foli	5- /	5 5 0	
22. I certify that (#) that (#) (we) last say			FeB	- A-	19 <u>72 to / (</u> at fn(my) (our) op	S FeA Inion death occ	19 /22 curred on the date
	and have and from the causes stated abave. (1) (We) (dld) (dtd not) view the bady after death.						
23A. SIGNATURE	A23	elic	Attend Phys.	ing Med.	Stoff Phys.	238, DATE SIGN	NED 72
23C. PHYSICIAN'S NAME (Type)	01		DUGALL	D. ADDRESS	, ••		
24A. BURIAL CREMATION.	248. DATE 12	4C. NAME of CEM	DEGREE ETERY OF CREM	ATORY 1240 L	CATION (C	ity town or com-	(\$1-1-1)
24A. BURIAL CREMATION, REMOVAL (Specify) Burial	2/22/72	4.4	lvary C		County	ity, town, or coun	ity) (State)
EFR 9 9 1072	TH DEPT. 258. N	AME OF REGISTRAL	0 0 6	25C. FUNERAL DIRECTOR		1206 W	North Ave
	discount of a		W.F.				



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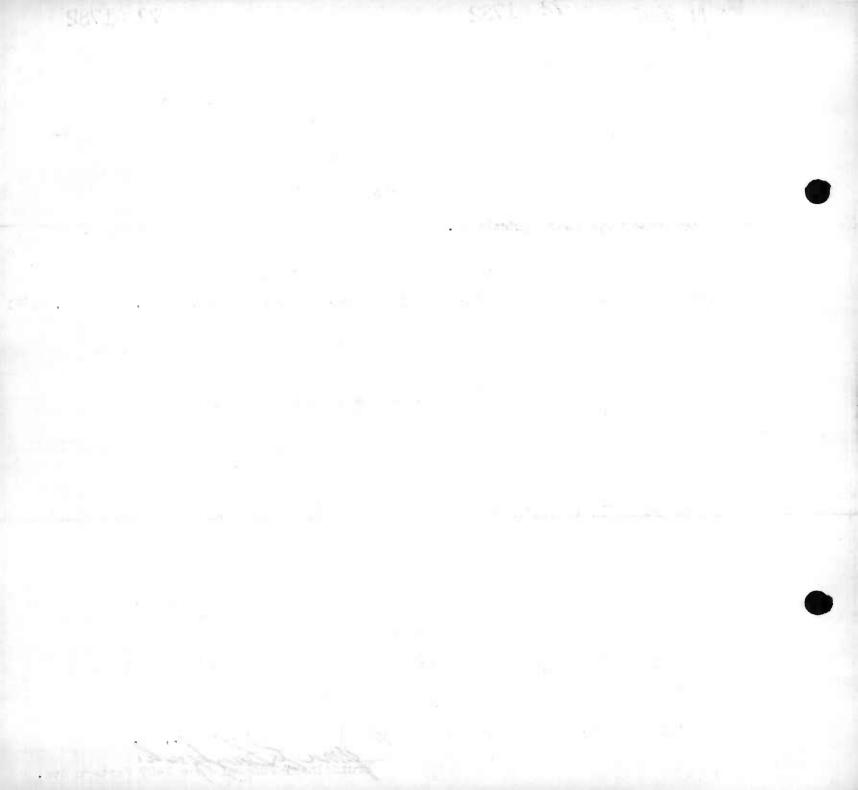
S 250 12 U178	BALTIMORE CITY	HEALTH DEPARTMENT	1	2 01781		
0-300		TE OF DEATH	REG. NO			
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Stano John	F.	Feb	HOUR OF DEATH	10-05 AM		
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO		A. STATE B. COUNTY	deceased lived. It institu	tion residence before odmission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN- HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION!		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?		
8 south Baltonie Bu.		E STREET AND NUMBER	YE	NO D		
3001-2. Hanner St, B	21230		n St, Be	eto, md,		
	ED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE lin years III	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.		
WIDOW 10A, USUAL OCCUPATION (Give kind of work 108, KIND		6-12-21	50.	2. CITIZEN OF WHAT COUNTRY?		
	telhen Steel	Austria		4.SA		
13. FATHER'S NAME John (Dec.)		Mam Mus	shinko.	•		
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	, ,	ADDRESS		
(Yes, no or unknown) (If yes, give war or dates of service	SECURITY NO.	- lunte	01.01	0 06 01		
118 2 W.W.TI	CAUSE OF DEATH	cara 1509	, rum 8+	APPROXIMATE INTERVAL		
DISEASE OF CONDITION DIRECTLY		0 6:-1-		SETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A) IMMEDIATE CAU		y failure			
(This does not mean the mode of dying, a heart failure, aethenia, etc. It means the diser injury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:				
ANTECEDENT CAUSES Lympho-Sarcoma						
DISEASES OR CONDITIONS, if any, giv	(6)					
	rise to the above cause (A) staling the					
- 11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL					
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A-AUTOPST? (Yes or No)	208 IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n or about 21 C. WHERE DID	(il in Baltimore C	ity, give exact location)		
O 21D-TIME IMonth! (Day) (Year) (Haut)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
S OF INJURY	While At Work Not While Work	• 🗆				
22. I certify that (I) (this hospital) attende	ed the deceased from 2	-11-72 19	to 2	17- 1972		
that (i) (we) last saw the deceased alive	40		in(my) (aur) opinio	n death accurred on the date		
and hour and from the causes stated above	e. (I) (We) (did) (d id not) v	lew the body after death.				
23A. SIGNATURE			23	B. DATE SIGNED		
almas	DEGREE Phy	nding Med. S	hys.	2-17-72		
23C. PHYSICIAN'S NAME IType) By AHMAD		Balfuiore,	. Hanover St Md. 212	30.		
24A. BURIAL CREMATION, 248. DATE 246	DEGREE C. NAME of CEMETERY of CRI		CATION ICity.	town, or county! (State)		
BURIAL 2-21-72	HOLY CROS	A	Lietay .	BALTO MD.		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAP	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	011	4200 Pannita a		
9 9 1077 AGE E. BESSER M.		Halm Plen	ent for	21216		



IMPORTAN

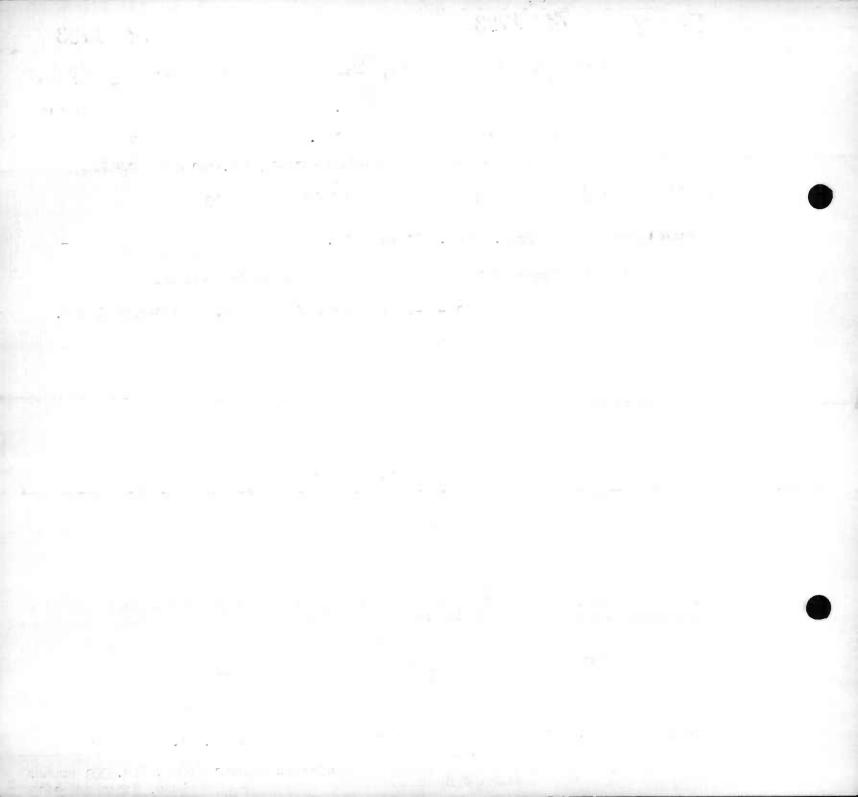
DIRECTOR:

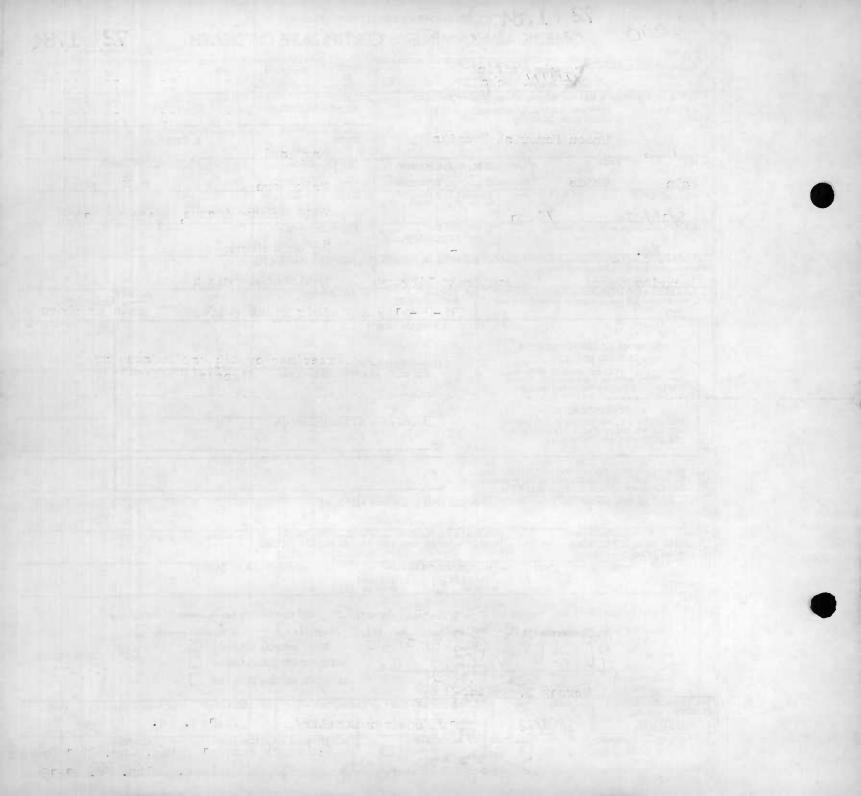
FUNERAL



FUNERAL DIRECTOR:

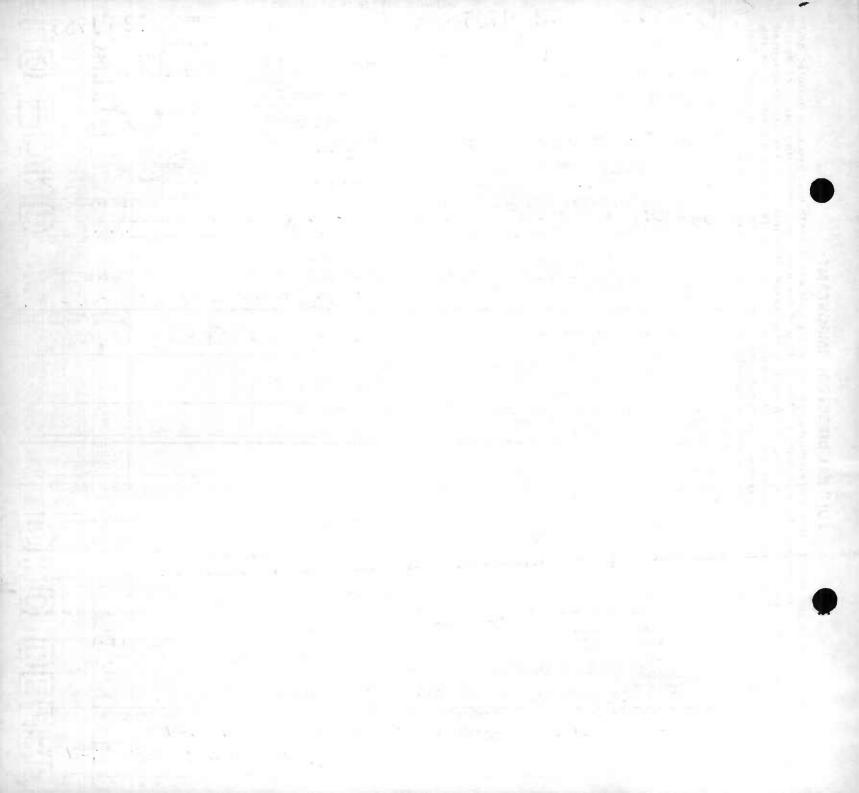
1		BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 72 01783				
	СТУ	Type or Print) Joseph Ignatowski,	SR. 2 14/72 655 7M				
	3,	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
	III H	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	Md. BALTO 53 DO. C. CITY OR TOWN D. INSIDE CITY LIMITS?				
		mortefella State Hogystul	Balto. YES NO				
		91	E. STREET AND NUMBER				
de.	5.	SEX 6. RACE 7. MARRIED AUGUSTON	7609 Wilhelm Ave. Balto Md 21237				
is mad		WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min. Min.				
	don	0A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
=		Dispatcher Assoc. of Md. Pilots	La.				
pos	13.	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
disposition		Stanislaw Tonatowski 5. Wos Deceosed Ever in U. S. Armed Foices? 16. SOCIAL	Stefania Rydzewska				
=	(Ye	5. Wos Deceosed Ever In U. S. Armed Förces? (es, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
Ę.		no 217-07-7708	Marjorie Bishoff, 6800 Eastbrook Ave.				
0		18. / 2012 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
pe		DISEASE OR CONDITION DIRECTLY Matastatic Care	inoma of shines with				
E		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:				
embalmed		injury or complication which caused death.)	er organo metastatoro				
		ANTECEDENT CAUSES	9				
910		DISEASES OR CONDITIONS, if any, giving nise to the abave cause (A) stoling the	A CONSEQUENCE OF:				
		UNDERLYING CONDITION lost, (C)					
remains	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	the colors the K				
0		LIDISEASE OR CONDITION GIVEN IN PART 1 /A1	Transported saisand said				
re t	RTI	WAS PERFORMED	20A- AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
before th	CAL C	OP CONTRIBUTION CONTRIBUTION OF INJURY (e.g., in	or obout 21 C. WHERE DID (II in Boltimore City, give exoct location)				
Pe	1 544 1	21D-TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
ained	٤	(APPROX.) While At Work At Work					
opt		22. I certify that (1) (this haspital) attended the deceased from	J 1969 to feb, 14 1972				
pe		that (1) (we) last saw the deceased alive an Fal. 14	19 7 and that in (my) (our) opinion death accurred an the date				
		and haur and from the couses stated above. (1) (We) (did) (did nat) vie	ew the body after deoth.				
must		23A. SIGNATURE	238, DATE SIGNED				
		Altend Phys.	ling Med. Stoff. Director Phys.				
approval		23C. PHYSICIAN'S NAME (Type) 23I CALL TAIL (1) (2)	D. ADDRESS				
ddr	24A	A. BURIAL CREMATION 1248 DATE 1245 NAME (CONTROL	Montebello Stall Crospital patrimine, and.				
		A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREM BURIAL 2/17/72 Oak Lawn Cemeter	(Stole)				
written	25A.	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
}		FFR 22 1072 Dags The 32	Schimunek Funeral Homes, Inc. 3331 Brehms				
	VS I	150-REVA 1/1/68					





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

0 =0:	BALTIMORE CIT	Y HEALTH DEPARTMENT				
D-500 72	01785 CERTIFICA	ATE OF DEATH	REG. NO	72 01785		
NAME OF DECEASED BUNK	E, MAUDE	L. 15	February 1	9MZ1 230 Am		
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED OFAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived if in	nstitution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Maryland	2	2043		
HOSPITAL OR ADDRESS OR LOCATION	011	Baltimore		YES NO NO		
The Johns Hopkins	Hospital	E. STREET AND NUMBER				
-	-		lair Lane			
Female Cauc.	MARRIED NEVER MARRIED		9. AGE (In years lost birthday)	Months Doys Hours Min.		
	MIDOWED X DIVORCED	5/03/94	77			
OA USUAL OCCUPATION (Give kind of work) 10 one during most of working life, even if refired)	A KIND OF BUSINESS OR INDUSTI	Y 11. BIRTHPLACE (State or fe	preign country!	12. CITIZEN OF WHAT COUNTRY!		
Home Maker		Mal,		U.S.A.		
L FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
Penfield Heiss		Sarah Mi	ller			
. Was Deceased Ever in U. S. Armed Ferces es,no or unknown) (III yes, give was or dates o	16 SOCIAL	17. INFORMANT		ADDRESS		
No	serviced SECURITY NO.	Miss La Clair	Bunke -2601	Madison Ave Apt.		
18. 11868	CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIREC	TLY	0	- C-wi	BETWEEN ONSET AND DEATH		
LEADING TO DEATH	ANNAMEDIATE C	AUSE TROBAB	LE SEPSIS	48 ms.		
(This does not mean the mode of d) heart failure, asthenia, etc. it means the	ring, e.g., DUETO, OR A	S A CONSEQUENCE OF:				
	injury or complication which caused death.)					
ANTECEDENT CAUSES	(8)	PNEUMONIA				
DISEASES OR CONDITIONS, if an	giving DUE TO, OR	S A CONSEQUENCE OF:				
nise to the above cause (A) st UNDERLYING CONDITION last.	(c)					
11						
OTHER SIGNIFICANT CONDITIONS CONT						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	(A).					
19A DATE OF OPERATION 19R CONDITION WAS PERFO	TON FOR WHICH OPERATION	YES	IN CERTIFYING CA	PINDINGS CONSIDERED NO		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218 PLACE OF INJURY (e.g. home, farm, factory, street, etc.)	in or about 21 C. WHERE OID office bidg. INJURY OCCUR?	(ii in Boltimo	re City, give exect location)		
	Houd 21E INJURY OCCURRED	21f. HOW OID I	NJURY OCCUR?			
(APPROX)	While At Work At Wo					
22. I certify that (1) (this hospital)			19 72 to 15	February 1972		
	1/- 1-1			Inian death occurred on the date		
that (I) (we) lost saw the deceased		1		inian death accorded ou the dot		
and hour and from the causes stated	above (I) (We) (ald) (did not)	view the body after deat	n.	23 B, DATE SIGNED		
Dall. 0 0-1	1, ma	Hending Med.	Staff	1 1 1000		
represe 4 9el	M.D. DEGREE	thending Med. Director	Staff Phys.	15 teb, 1972		
23C. PHISIOLATES NAME (Type)	1	23D. ADDRESS				
J.A. GELFAND	IVI, D bega	[2]	ins Hospit			
A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C, NAME of CEMETERY of			city, town, or county) (State)		
Burial 2-19-72	Gardens of Fair		Balto. Md2			
	SE NAME OF REGISTRAR	25C. FUNERAL DIRECT	PR Inc-A15	Bealir Rd21206		
FEB 2 % 1972 Vales	en damper urg	John (. Mil	cer incourt)	Detact Aut 2. 2.		



Burial

VS 151-REV. 1/1/6B

25A, DATE REC'D BY HEALTH DEPT.

First Baptist

25C) FUNERAL DIRECTOR

Robert

H.

Watson

25B. NAME OF REGISTRAR

Pocomoke City, Maryland

ADDRESS

Pocomoke City, Md.

18033 GULLER , I TUR 101,01-,590 -Mg#--unit- The Betty Regist, Bestever, Mar 2787, THE PROPERTY OF THE PROPERTY O Pocomoke City, Maryland Shutal WH-14-1972 First Baytist Uniter Pecenose City Int.

23C. PHYSICIAN'S NAME (Type)

VS 150-REV. 1/1/6B

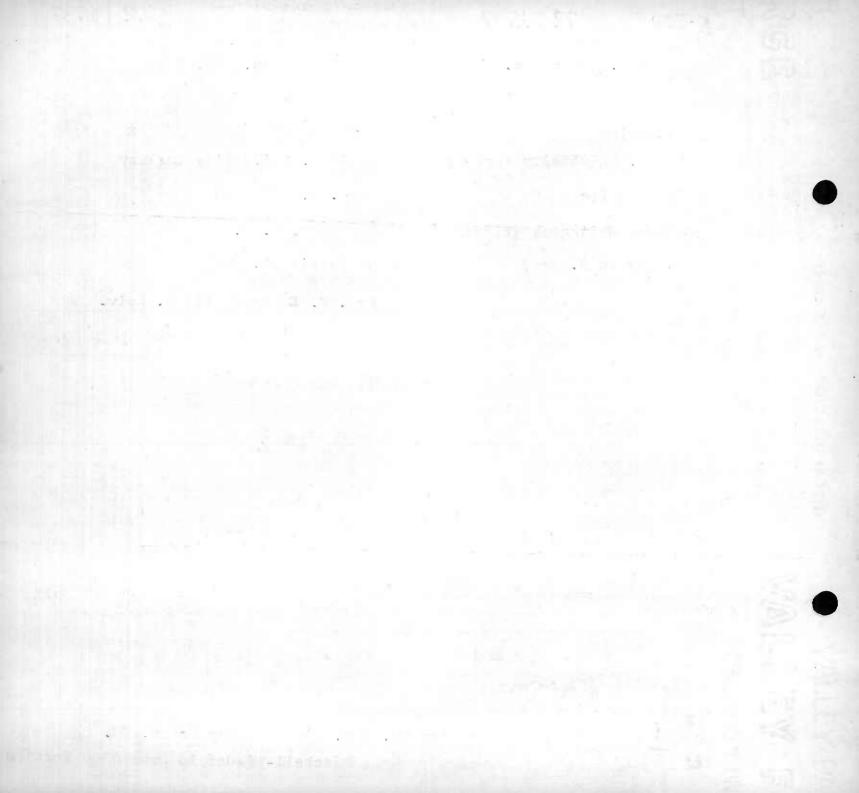
24B. DATE

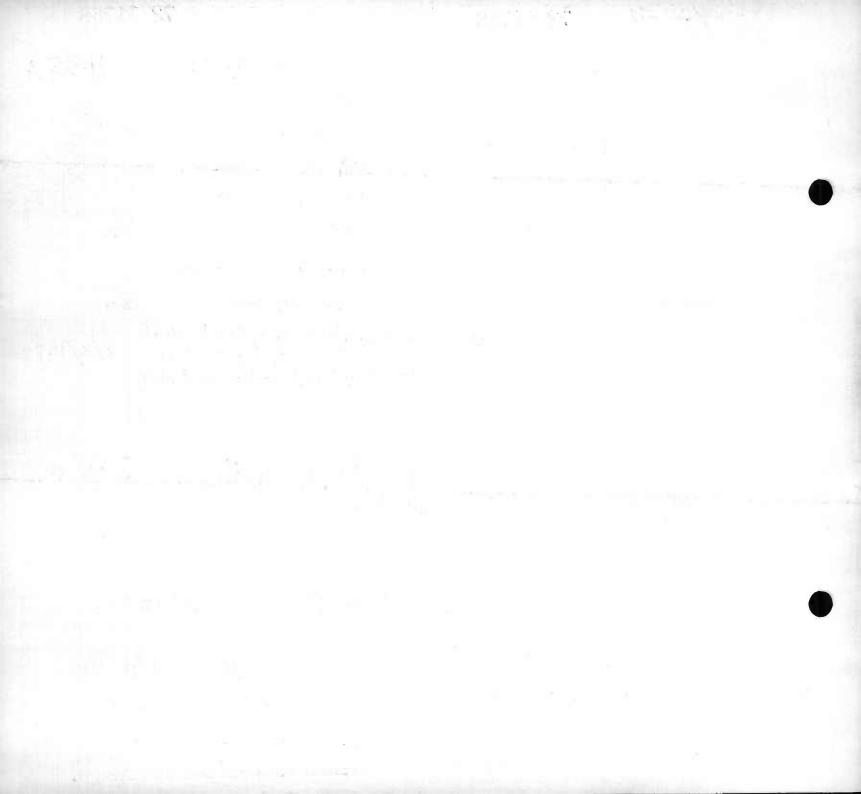
2/18 THE DEPT.

72

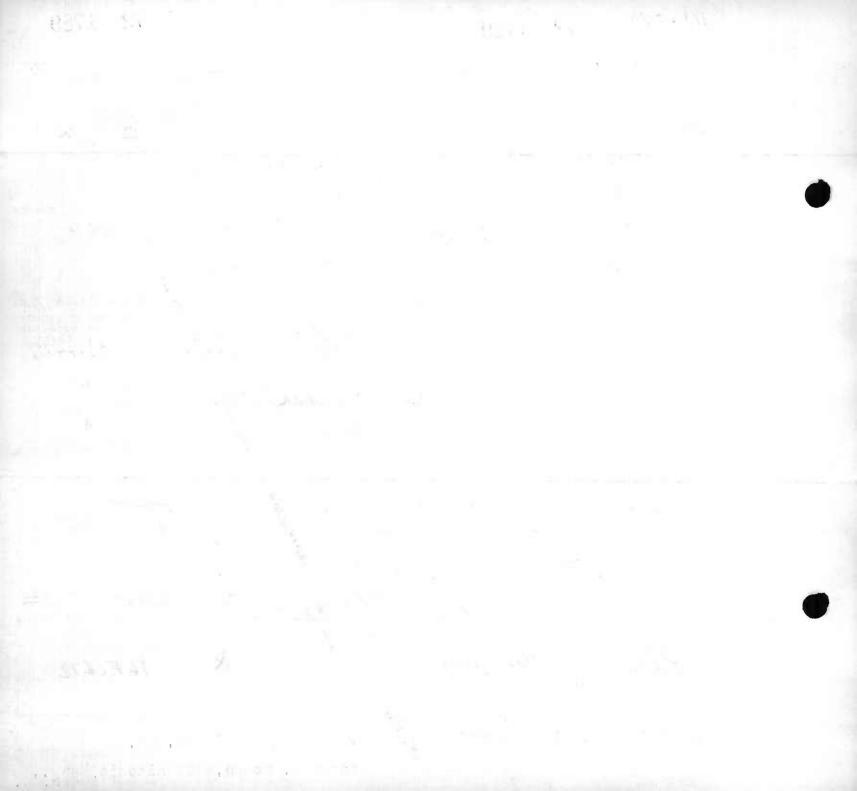
7	BALT BALT	IMORE CITY HEALTH D		regio	2 01787		
BIRTH	300 72 01787 CEF	RTIFICATE OF	DEATH	REG. NO.	01/0/		
	ME OF DECEASED		2. DATE AND HOU	R OF DEATH			
Type	Rev. Edward L. Reed		Feb.	16. 1972			
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	A. STATE	RESIDENCE (Where deceo	sed lived. If institution:	residence before odmissio		
ULL IOSI ITZ	, NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE PITAL OR ADDRESS OR LOCATION) ITUTION	C. CITY OR	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
0	Broadview Apts		AND NUMBER	YES	NO NO		
	116 W. University Parkway		W. Univers		y		
SEX	X 6. RACE 7. MARRIED X NEVER A	AARRIED B. DATE OF	BIRTH 9. AGE	(In years If Und	ler 1 Yr. If Under 24 Hr. Doys Hours Min.		
M	ale White WIDOWED DIY	ORCED Dec.	1.1882 8	9	TIZEN OF WHAT COUNTR		
ne d	during most of working lile, even if retired)						
	Retired Episcopal Priest	T	roy, N. Y.		USA		
. F.A	ATHER'S NAME	14. MOTHE	R'S MAIDEN NAME				
	Edward R. Reed	Je	ssie St. Cy	r			
. W	as Deceased Ever in U. S. Armed Forces? 16. SOCIAL				ADDRESS		
es, n	no or unknown) (If yes, give wor or dotes of service) SECURI	TY NO.					
	A	Mrs.	E. L Reed	116 W. Ur			
11	6. 4.3 3.71 CAUS	SE OF DEATH	. /		BETWEEN ONSET AND DEAT		
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH						
	(This daes not mean the made of dying, e.g., DUE TO OR AS A CONSEQUENCE OF:						
hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) Attances less less less less less less less l							
1	ANTECEDENT CAUSES	otherus	sceround				
	(B)	IENCE OF:					
- 1	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the						
	UNDERLYING CONDITION last. (C)						
-							
T	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL				a (
	9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE	RATION 20A. AU	TOPSY? (Yes of No) 20B. IN C	IF YES, WERE FINDING ERTIFYING CAUSES OF	S CONSIDERED DEATH?		
A C	PLA. ACCIDENT WAS UNDERLYING 218. PLACE OF home, form, foc DEATH (notify medical examiner) 218. PLACE OF home, form, foc	INJURY (e.g., in or obout 21 tory, street, office bldg., IN	C. WHERE DID	(If in Boltimore City, g	ive exact location)		
2	TD.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY O	CURRED 21	F. HOW DID INJURY OC	CUR?			
5 0	OF INJURY APPROX.) Work Work	Not White At Work	_				
2	2. I certify that (I) (th is hospital) attended the decease	1966	to	5, 17 1072			
11	hat (1) (ye) last saw the deceased alive an	- 15 192	and that in(n		ath accurred an the do		
and have and from the causes stated above. (1) (Wes) (did) (did wat) view the body after death.							
2:	3A. SIGNATURE		/	238, D	ATE SIGNED		
	1 A Jamley	Attending Phys.	Med. Shaff Director Phys	7 2	17.72		

-045, YORK RD 23D. ADDRESS TIMONIUN DEGREE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 2 Trinity
NAME OF REGISTRAR Long Green, Md. Ch. Cem. 25C. FUNERAL DIRECTOR
Mitchell-Wiedefeld Home 6500 York Rd





M-54) BALTIMO	RE CITY HEALTH DEPARTMENT	0 0 1 1 1 1
72 01789 CERTI	FICATE OF DEATH TREG. No.	2 01789
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Pant) Ellis Ninanue/ (Ellis Nor	, , , , , , , , , , , , , , , , , , , ,	70
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	on: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STE		61-17)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STR. ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CIT	TY LIMITS?
Harbar View Neursing Hon	re Beltsville YES	-
1213 Light St	E. STREET AND NUMBER	
	11300 Evans Trail	
5. SEX 6. RACE 7. MARRIED NEVER MARR	B. DATE OF BIRTH 9. AGE (In years II U	nder 1 Yr. Il Under 24 Hrs. ths: Doys Hours Min.
WIDOWED DIVORC	ED1 //// 0-0 //	10013
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or loreign country) 12.	CITIZEN OF WHAT COUNTRY?
Sanitar Building	West Verginea	USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Manuel	Etta Baxter	
5. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO 1/3-16-2		and Chub ha
18. / / CAUSE OF	c / de-	erac Court // Kac
DISEASE OR CONDITION DIRECTLY	Cerebro Cascellar	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	autoria di	plant
	OR AS A CONSEQUENCE OF:	Chora
injury ar complication which caused death.)		21
ANTECEDENT CAUSES	ental Detaidation	
DISEASES OR CONDITIONS, il any, giving DUE TO	OR AS A CONSEQUENCE OF:	
rise to the abave cause (A) stating the UNDERLYING CONDITION last.	Blindress	1
UNDERCTING CONDITION last. (C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),		
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		GS CONSIDERED
	IN CERTIFYING CAUSES O	4-DEATH?
	Y (e.g., in or obout 21 C. WHERE DID (if in Boltimore City, beet office bldg., INJURY OCCUR?	give exect location)
DEATH (notify medical examinet)		
OF INJURY (Month) (Doy) (Year (Hour 21E INJURY OCCUR	The state of the s	
(APPROXI	of While	
22. I certify that (I) (this hospital) attended the deceased from		1972
that (1) (we) last saw the deceased alive an 1/25	19 72 and that In(my) (aur) apinion de	
and have and from the causes stated above. (1) (We) (did) (did		earn accurred an the date
23A. SIGNATURE		ATE SIGNED
Adur & teller mo	And to	
23C. PHYSICIAN'S NAME (Type)	Phys. Director Phys. Phys. 23D. ADDRESS	b Feb 72
NAME (Type)		
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	DEGREE 24D LOCATION (C)	
RLINOVAL (Specify)		, or county) (Stole)
-/ -i/ is boadon rai	k Cemetery Baltimore, Md	
SA. DATE REC'D BY HEALTH DEPT. 256 NAME OF REGISTRAR	Toron Williams	
PPD 0 9 9077 MALE ENGLISHED TO THE	25C. FUNERAL DIRECTOR George J. Gonce, 4001 Rit	ADDRESS



B-110 =	0000	BALTIMORE CITY	HEALTH DEPARTM	MENT		
BIRTH NO.	72 01790	CERTIFICA	TE OF DEA	TH REG. NO		
T.NAME OF DECEASED		0		ATE AND HOUR OF DEAT	H 12 U1/	90
	LACH,	KUBER"		2-16-72	13.	38 P
3. PLACE IN BALTIMORE, MARYLA	ND, WHERE PROHOUNG	ED DEAD		CE (Where deceased lived. If		
FULL NAME OF UF NOT IN	OFFITAL OR INSTITUTIO	N, GIVE STREET		LAND -21153	KSSTICK XXXXXXXXXXXXXX	XXXXXXXXXX
HOSPITAL OR ADDRESS OR	LOCATIONI		C. CITY OR TOWN		ISIDE CITY LIMITS?	
SINAI HOSPITA	L OF BAL	TIMORE INC		STEVENSON	YES N	0
42		110	E. SIKEEL AND NO	The state of the s		_
5. SEX 6. RACE SUTTE	mrs 7. MADDIED DVI	NEVER MARRIED	8. DATE OF BIRTH			
MALE CAUCASIA	WIDOWED	DIVORCED	11-8-2	9. AGE (In years lost birthdoy)	If Under 1 Yr. H	If Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind done during most of working life, even if re	of work 108, KIND OF BUS	KCHILDREN'S	11. BIRTHPLACE (Stot	e or loreign countryl	12. CITIZEN OF W	HAT COUNTRY?
NAKE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX ADD	BALTIMOR	E, MARYLAND	USA	
13. FATHER'S NAME RE	•	- AFF	T4. MOTHER'S MAIL			
DAVID NATHAN B	ACHARACH		IRENE E.	WINTERNITZ		
15. Was Deceased Ever in U. S. Arm (Yes, no or unknown) (If yes, give wor	ed Forces?	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	0.10
MYES W.W. II A			MRS. RHONA	F. BACHARACH,	VILTONWOOD R	(UAD
1B. 4/10 9		CAUSE OF DEATH			APPROXI/	MATE INTERVAL
DISEASE OR CONDITIO	N DIRECTLY		Λ			NSET AND DEATH
LEADING TO DE		(A) IMMEDIATE CAU	SE HOUTE 117	OCARDIAL INF	-ARCTION	24 how
heart failure, asthenio, etc. It miniury or complication which co	neans the disease,		CONSEQUENCE OF:			
ANTECEDENT CA		HTIW	CARDIO	TENIC SHUCK	۷ -	
DISEASES OR CONDITIONS,		(8)	A CONSEQUENCE OF			
rise to the above cause	(A) stoting the	Λ.				
UNDERLYING CONDITION 105	st.	(c) ITTHERO	SCLEROTIC	CARDIO VASCULAR	PISEASE	
OTHER SIGNIFICANT CONDITION	CONTRIBITING					
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN I	TO THE TERMINAL	WIL	****************			
19A DATE OF OPERATION 19B	CONDITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Ye	s or No. 20B. IF YES, WERE	FINDINGS CONSIDERAL SES OF DEATH?	RED
8//	4	A	703		NO	
OR CONTRIBUTING CAUSE O		CE OF INJURY (e.g., in	or obout 21 C. WHERE	DID (if in Boltime	ore City, give exact loca	otion)
DEATH (notify medical examine)	No elca	NA		NA		
OF INJURY Month! (Doy)		* *		ID INJURY OCCUR?		
IAPPROXI NA	While At	Not While		JA.		
22. I certify that (1) (this hos	pital) attended the de	ceased from	2-11	19.72 to =	2 - 11 -	1977
that (I) (we) last saw the dec	eased alive an	2-16-	19.72_	and that in (pg) (aur) op		
and hour and from the causes	stated abave. (4) (We	a) (did) (did not) vi	ew the bady after	death.		
23A. SIGNATURE	Ce andr				23B, DATE SIGNED	
- ove	in have	Atten	ding Med.	Staff [2-16.	-1972
23C. PHYSICIAN'S NAME (Type)		2:	D. ADDRESS			
PRATH	AP. G. CHAN		SINAI HO	SPITAL OF B	ALTIMORE	INC
4A. BURIAL CREMATION, 24B. DAT	E 24C.NAME	of CEMETERY of CREA			City, town, or county!	(Stote)
BURIAL 2-18	-72 RALTIN	ORE HEBREW		DETCTEDCTOND	MODVIAND	
25A. DATE REC'D BY HEALTH DEPT.	258 NAME OF RE	GISTRAR	25C. FUNERAL DI	REISTERSTOWN,	MARYLAND	22
FEB 2 2 19/2	eder to Whilly	XAD D	SOL LEVINS	ON & BROS.,6010	REISTERSTO	OWN ROAD
/S 150-REV. 1/1/68						

ALL MANUELLE MANUELLE

EACH INDESTRUCTION SOLD DESCRIPTION AND THE

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	ALC: N		early matrices of the
			Annual state
	Lines storegand	81 4	1781-82-0
	GENALD CROOP		BALTINGRE, MAGYLAND
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SOF PEARSON F BOOK 'COLD LEASE LEASE AND HOS

70 04700	HEALTH DEPARTMENT	
72 01793 CERTIFICA	TE OF DEATH REG. NO. 72 01	793
1. NAME OF DECEASED FRANCE Sacks	2. DATE AND HOUR OF DEATH Thurs Feb- 17/72	9:45 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceosed lived. If institution: residen A. SIATE B. COUNTY	ce before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	1831
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION 65/4 Elezle Divile	D. INSIDE CITY LIMITS	No \square
option	E. STREET AND NUMBER ONNE - ON	etion
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years If Under VYT Norths; Days	. If Under 24 Hrs.
Male Male WIDOWED DIVORCED	82	
0A', USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if relired)	111. BIRTHPLACE State or foreign country) 12. CITIZEN C	FWHAT COUNTR
FACTORY WORKER HAT MFG.	USA 14. MOTHER'S MAIDEN NAME	
	MOLLIE SXKN ?/	
HARRIS SACHS S. Was Deceased Ever in U. S. Armed Forces? 16. SUCIAL		DRESS
(es, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 214-03-0926	MDR. MIRIAM SCHNEIDER, 5750 PK. HG	HTS. AVE.#
IB. // // GAUSE OF DEAT	H APP	ROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY MYDE	1. OT Junk	en onset and deat
LEADING TO DEATH (A) IMMEDIATE CAL (This does not mean the mode of dying, e.g.,		wws.
heort foilure, osthenia, etc. Il meons the diseose,	A CONSEQUENCE OF:	
injury or complication which coused death.) ANTECEDENT CAUSES	CUD	1-3
(8)	S A CONSEQUENCE OF:	
rise to the obave couse (A) stoting the		
UNDERLYING CONDITION last. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chromic L	plisme.	13
A DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? I'es or No) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	ISIDERED
	(VV	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH Inotify medical examiner)	in or about 21C. WHERE DID (If in Baltimore City, give examples bidg., INJURY OCCUR?	ct locotion)
21D. TIME Month) Doy) Yeor) Hour) 21E, INJURY OCCURED	21F. HOW DID INJURY OCCUR?	
¥ Mork While At Not Whi Not Work At Work Not Work N		
22. I certify that (1) (this hospital) ottended the deceased from	5 med 1971 to 2/17	19.72
that (1) (we) last saw the deceased alive an 2 moj an	and that in(my) (aur) apinion death oc	curred an the da
ond hour and from the couses stated above. (1) (We) (did) (dld nat)		
23A SIGNATURE	23B, DAYE SIC	SNED
DEGREE Phy		1 12
23C. PHYSICIAM'S NAME (Type) Stephen Margolis MO DEGREE	9116 Reistrotoum ld Dwips A	ills My.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION City, town, or cou	inty) (Stote)
BURIAL 2-18-72 KNESSETH ISRAEL	ANSHE KOLK BALTIMORE, MARYLAND	
FEB 22 1972 (Table 8 Table 18 18 18 18 18 18 18 18 18 18 18 18 18	SOL LEVINSON & BROS.,6010 REISTER	ADDRESS STOWN ROAL

2-10-72 DESSETH ISTAIL ASSET AND AMETERS, NATURAL

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210-11-026 MON. HEREAM SCHOOLING, 2750 W. Holds. My.

JES TAIL HERSEN OUTLAND

	2	.,	72 01	794		BALTIMORE CITY HE	ALTH DEPA	RTMEN	т		7	2 01	704
BI)-450 RTH NO.		MED	ICAL		AMINER'S				DEAT	H REG. NO.	- 01	
t (Ty	NAME OF DEC	EASED	Eva	Bloom	n		2. DATE OF		wn 🔲	Manth	Doy	Year	Hour
FUI	PLACE IN BAL	(IF N	ARYLAND, Y	HERE PE	ONO	UNCED DE AD	3. DATE PRONO			Manth 2	Day 16	Year 72	Hour 4:10 P
HOOR	SPITAL		W. Bal		ce S	Street	5. USUAL R A. STATE		CE (Where o	dece ased liv			pelare admission)
6.	SEX	7. RACE			_	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE CI		
9. [Female DATE OF BIRT	Whit	10. AGE (le		If Und	DIVORCED Lander 1 Yr. If Under 24 Hrs. s Days Hours Min.	E. STREET		JMBER		YE	s 🗵	ио Ц
	ULY 14		XXXX	73		TIZEN OF	13. FATHER		W. Ba	ltimor	e St.		
	RI CHMONI			48.444		HAT COUNTRY? USA	JAC	OB B	LOOM				
don	during most of w	vorking life, e	ive kind of work even if refired)	POLA		USINESS OR INDUSTRY	ANN		PEN NAM	E			
16. (Ye:	WAS DECEAS	ED EVER IN	VU.S. ARMED	FORCES	5	17. SOCIAL SECURITY NO.	IB. INFOR	THAN	Dr Oou	((00		DRESS	DTD 007 #4F
	NO 19. 4/2	,4,			1	217-05-2137 CAUSE OF DEAT		:W12	BLOOM,	6622	EBERLE	AP	PT 203 #15 PROXIMATE INTERVAL TEEN ONSET AND DEATH
		E OR CON	DITION DIRE	CTLY		(A)IMMEDIATE C	Art	erio	sclero:	tic ca	rdiovas		
	heart failure	, osthenlo, é	e mode of dy tc. It means the atch coused dec	discose,		DUE TO, OR A				isea s e	Idiovas	Culdi	***************************************
7	DISEASES	: ABOVE C	TIONS, IF ANY	, GIVING ING THE		(B) DUE TO, OR A	AS A CONSE	QUENCE	OF:				
CERTIFICATION	TO THE DEA	ATH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERM	INAL	(c)							
CERTI						HICH OPERATION WA	S PERFORM	NED					PSY? (Yes or No)
EDICAL	22A. EXTERI UNDERLYING UTING CA		VTRIB-		22B. PL home,	ACE OF INJURY(e.g., lorm, foctory, street, olfice	in or obout 2 bldg., etc.)	2C. WH	ERE DID (IF	tn Boltimore	City, give exac		lo
ME			(Doy) (Yeor) (Hous	WH	E.INJURY OCCURRED	WHILE	2F. HO	JUNI DID W	JRY OCCU	R?		
		Ify that l		nquiry []	Inspection Aut	орзу 🗆	and			death In my		
		red fram:	Natural cou	ses X	Ac	cldent Suicid		omicide CHIEF N	U NEDICAL EX		ed monner [
	SIGNATI EXAMINI NAME (T	ER'S	iarllos	. 2	w	mo.			MEDICAL EX		X		P-17-72
RE	A. BURIAL CREAMOVAL (Specific BURIAL)	MATION.	harles 248. DATE 2-18-7		24C	ngate, M.D. NAME of CEMETERY O TH TFILOH	or CREMATO	RY		CATION	(City, town,	or county)	(Stote)
_	A. DATE REC'D	- 0 401	DEPT.	25B. N	AME C	OF REGISTRAR	25C. I	UNERA	L DIRECTO			DRESS	ROAD
_	1111	2219	12 Vals	त्रष्ट द्र	Mari	Ber, M.D.		ole	Tu	reno	001	SANTE	

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ALCOHOMO, VINCINIA U.SA JAÇOS BLOOK
ENLOYAR POLIN-KATA CO. NORA 1

ENLOYAR POLIN-KATA CO. NORA 1

BUREAL 2-18-72 BENH TEELISH

BEALTMAN THEORYTAGE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

M-623 72 01	JUE.	Y HEALTH DEPARTMENT	reg. No. 72 01795
1. NAME OF DECEASED (Type or Print) JENNIE MA	PKOINITZ	2. DATE AND HO	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where dec.	EB 72 PM. eosed lived. If institution: residence before admission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE CITY LIMITS?
SINAI HOSPITAL OF BE	ICTIMORE	BALTIM ORE E. STREET AND NUMBER 3515 OAKMO	YES NO
5. SEX 6. RACE 7. MARE	NEVER MARRIED		E (In years If Under 1 Yr. , If Under 24 Hrs.
FEMALE WIDOV	VED X DIVORCED	12-25-1808	rthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINI done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign con	untry) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT	HOME	ROLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
SHEA FLOMENBAUM		SARAH	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		MR. ALBERT MARKS. 4	021 ROUEN ROAD #21133
18. 2 5 0 9 1 DISEASE OF CONDITION DIRECTLY	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(NAMEDIATE CAL	E PHIMONARY F	MRODIES
(This does not meon the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	DUE TO, OR AS	ISE PULLMONARY E A CONSEQUENCE OF:	
ANTECEDENT CAUSES	CHEC	SOUDD ANDTE OF	10/ =A///)
DISEASES OR CONDITIONS, if any, give	ing (B)	SEVERE) ACUTE REA	DAC PHICOM
rise to the above cause (A) staling UNDERLYING CONDITION last.	the CO D.M		=1
_			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG AL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [1]	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF	21B, PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n of obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore City, give exoct location)
OF INJURY (Month) (Doy) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?
(APPROX.)	While At Work Not While At Work		
22. I certify that (f) (this hospital) attende		2-17 19 7	3 - 17 :0773
that (1) (we) last saw the deceased alive o	n 2-14	19 72 and that In (my) (aur) apinian death occurred an the date
and haur and fram the causes stated above	. (1) (<u>We</u>) (<u>did</u>) (did not) v	lew the body after death.	
Susan M. Cohen	Phon	Med. Staff Director Phys.	238, DATE SIGNED 2 - 17 - 72
23C-PHYSICIAN'S NAME (Type) SUSAN M. COHEN	J. Stoke,	SINAI HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE		ON (City, town, or county) (State)
BURIAL 2-18-72 RI	JDOMER VEREIN	ROSEL	DALE, MARYLAND
	Le OF REGISTRAR	SOL LEVINSON & BE	ROS.,6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/6B	7	7 - 7 - 7 - 12 13 OO 14 0 DI	TOTAL TOTAL NORD

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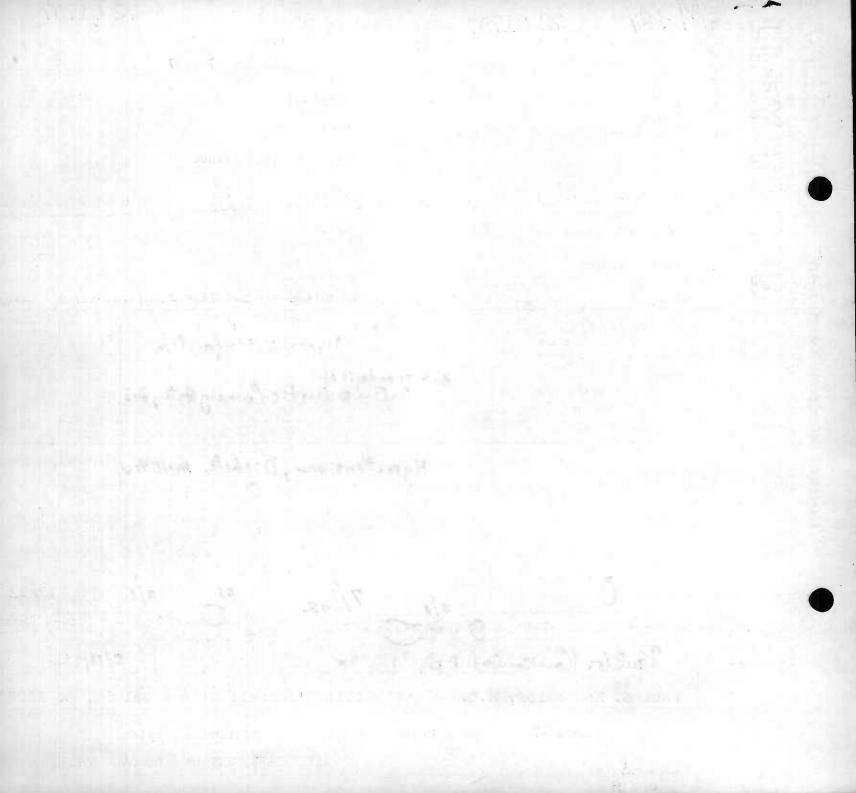
	350 72 01796	BALTIMORE CITY CERTIFICA	TE OF DEATH	FEG. NO	72 01796
1.1 (Ty	NAME OF DECEASED BODING Frank L. BODING FRANK	Bodine LERO	2. DATE AN	NO HOUR OF DEATH	1909 0
FL	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		11 0. COOK	Baltimore	nstitution: residence before admission)
Z	JIL NAME OF OF OSPITAL OR INSOSPITAL OR INSO		C/CITY OR TOWN lers Baltimore		
	Johns Hopkins Hospital		Rt. 10, Box	849 Hinton	n Avenue
	MALE CANCASION WIDOW		2-8-14	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
dor	N. USUAL OCCUPATION (Give kind of work 10R, KIND re during most of working life, even if refired) Production—Martin Mariett	a Corp.	Maryland	gn countryl	U. S. A.
	CHARLES BODINE		THERESA		
	Was Deceased Ever in U. S. Armed Forces? s,na or unknown! (If yes, give war ar dotes of service NO	16. SOCIAL SECURITY NO. 216-10-8129	Mrs. Beatrice		Rt. 10 ADDRESS Balto. Md. 21219
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, heart loilure, asthenia, etc. It means the diseorinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the course (A) stoting the state of the course (B) stoting the course (B) stoti	DUE TO, OR AS	ISE CARDIOPULM A CONSEQUENCE OF: SIBLE INFAN		e J
	UNDERLYING CONDITION last, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A)	(c) <u>V(A)</u>	seces.		
L CERTI	ON COMINGUING CAUSE OF	18 PLACE OF INJURY (e.g., in	20A. AUTOPSY? (NO.) O oboul21C. WHERE DID ice bidg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? © City, give exact location)
20	21D-TIME (Month) (Doy) (Year) (Hous) 2 OF INJURY (APPROX)	IE INJURY OCCURRED Vhile At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive an and haur and from the causes stated abaves	the deceased from) - 2 1 1 1 1 2 and tha	97) ta	2-15 19 72
	23A. SIGNATURE D. Dev Dieler 23C. PHYSICIAN'S NAME (Type)	OEGREE Atten		Shaff Phys.	238, DATE SIGNED 2-15-72
24A	BURIAL CREMATION, 24B. DATE 24C.	DEGREE NAME OF CEMETERY OF CREA	JUHNS 15	CATION (Cit	y, town, or countyl (State)
	DATE REC'D BY HEALTH DEPT. 258. NAME	ol Air Memorial of REGISTRAR	25C. FUNERAL DIRECTOR		Ave. Dundalk, Md.

Johns Hopkins Hu

Production-Martin Marie

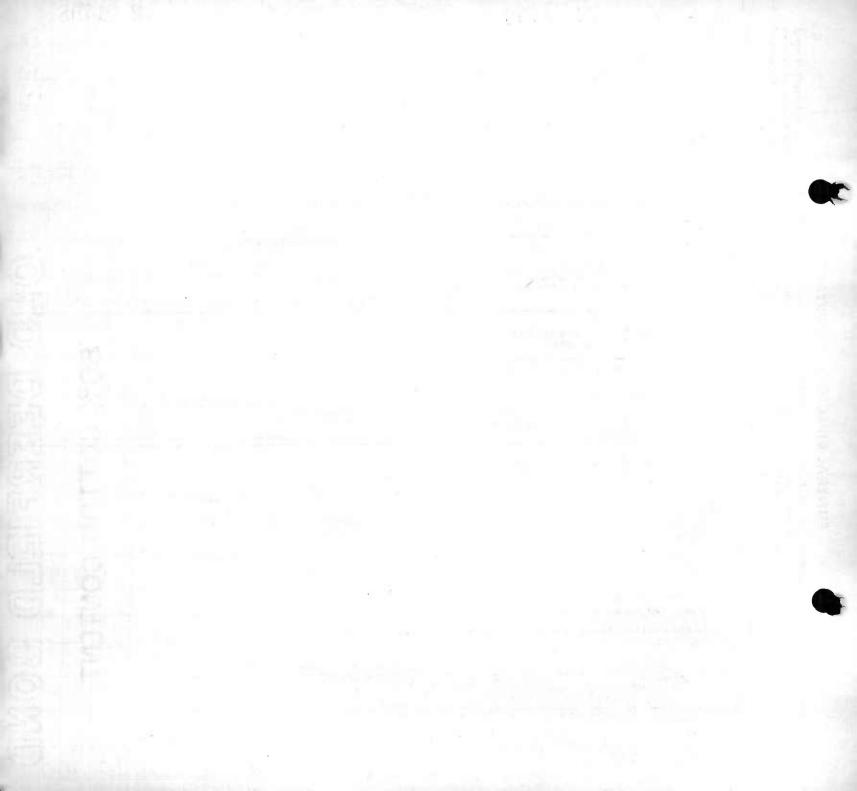
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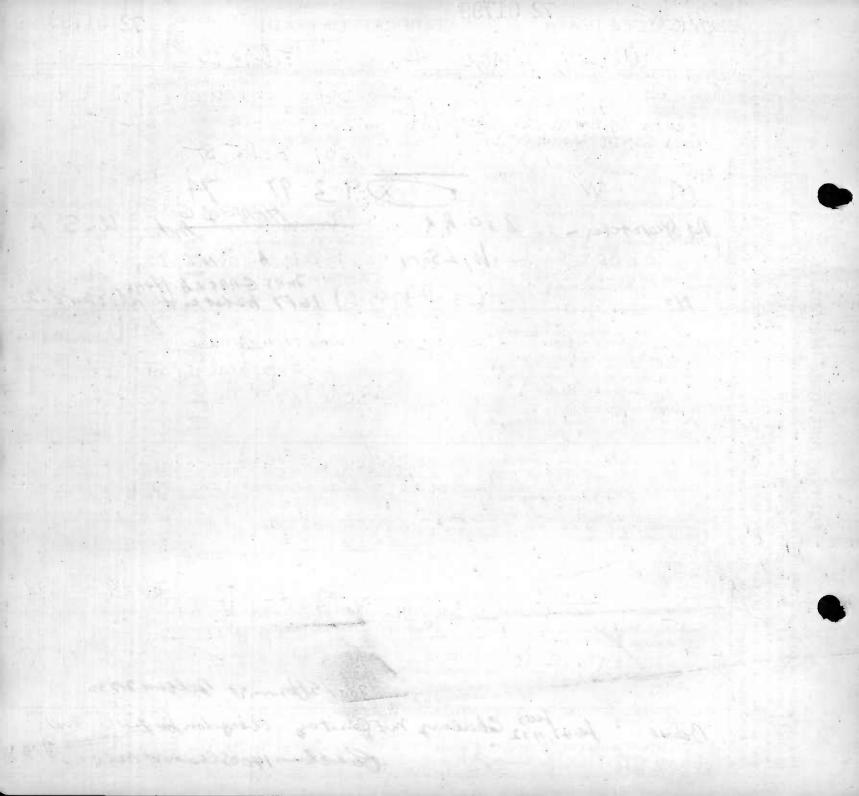


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pital (except where the physician who pronounced death was in regular attendance on the sath); and (6) No physician was in regular attendance on the deceased prior to death. Such ust be obtained before the remains are embalmed or final disposition is made.	
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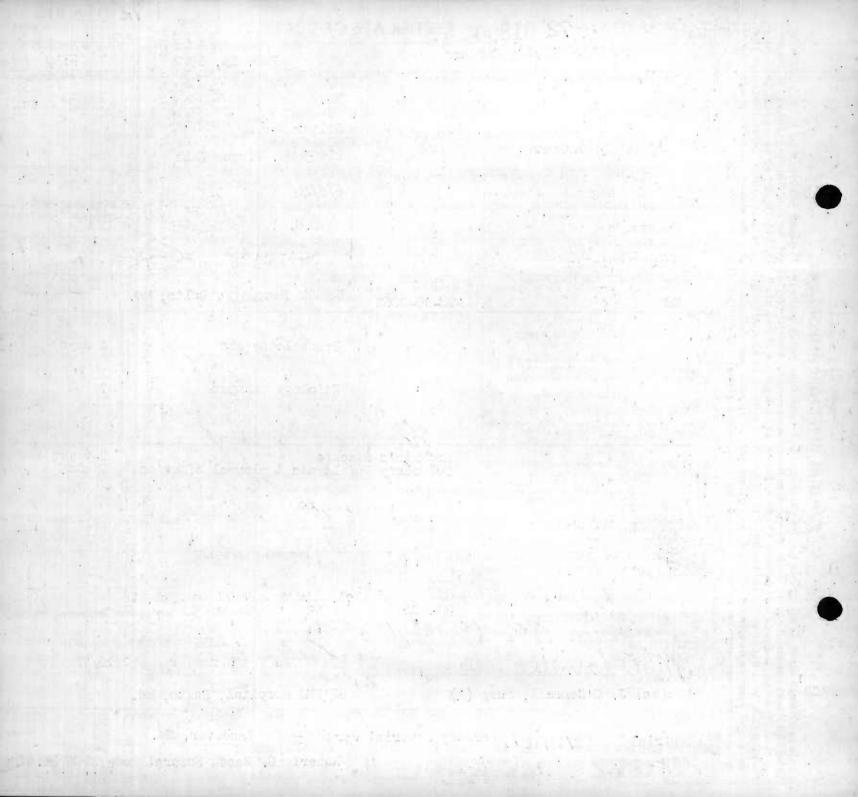
P-631 72 01798	BALTIMORE CITY	HEALTH DEPARTMENT	79	01798
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	01750
1. NAME OF DECEASED (Type or Print) Alice Pead 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	Pooteo	Februa	HOUR OF DEATH Way 18, 1972	1 445 PM
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	,-	A. USUAL RESIDENCE (Where a STATE B. COUNTY	D. INSIDE CITY I	1702
48 Maryland Ver	receive regions	E. STREET AND NUMBER 1314 Divis	YES X	NO D
5. SEK 6. RACE 7. MADDICO N	NEVER MARRIED			et 3 Yr. , If Under 24 Hrs.
Kemale Negro WIDOWED	DIVORCED	11-08-12 105	birthdoy) 60 Months	Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired) Housewife	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country 12. CIT	ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	occha o.s	·A.
Hallie Covington		Swee	et Watkins	
(Tes, no of unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	212-32-2644	Mr. Alphonsus Por	rter 1314 Divis	ion St. 21217
CTHIS does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(a) IMMEDIATE CAU DUE TO, OR AS (b)	SE Lespiratory A CONSEQUENCE OF: Shiel Vascul A CONSEQUENCE OF:	Arres J Par Accident	4 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR W WAS PERFORMED 121A-ACCIDENT WAS UNDERLYING 1	HICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	OB IF YES, WERE FINDINGS	CONSIDERED
			N GERMINING CAUSES OF	
OR CONTRIBUTINO CAUSE OF home, etc.)	LACE OF INJURY (e.g., ir , farm, foctory, street, of	or obout 21C, WHERE DID	(If In Boltimore City, giv	e exoct location)
C OF INJURY	At Wark	21F. HOW DID INJURY	OCCUR?	
22. I certify that (1) (this hospital) attended the that (1) (1) last saw the deceased alive an	deceased from E	1972 and that I	72 to Februar n(my) (a) apinian dea	and proceeding the content of an interest the
and hour and from the couses stated above. (1)	(82) (q1q) (q1q) A	·		TE, SIGNED
Nichard C. Kenw	DEGREE Phys		K TOO D	18/72
Page 1998 Hichard C. Keow	N. DEGREE	Marylan)	Ceneral L	Lospital
REMOVAL (Specify)	ME of CEMETERY OF CRE		ATION (City, town, o	ir county (State)
Burial 2-22-1972 Arbu	tus Memorial		imore, Maryland	
FEB 22 1912 Voice in Vision	00	Marhall W	735 Harford Ave	lti md
VS 150-REV. 1/1/68				



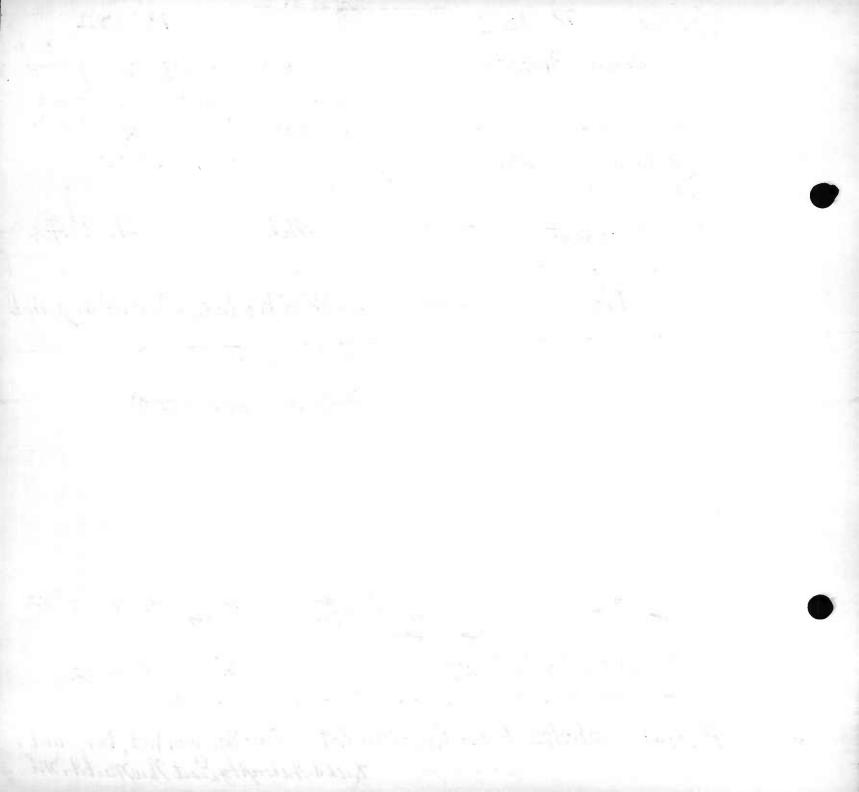
11 /	72 01	799 BALTIMORE CITY	HEALTH DEPARTMENT		
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 01799
1. P (Ty	Pe or Print) WILLSON, AN	10R L.	7. DATE AND	1. 72 6	free. M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUNTY	filler	stitution: residence before admission)
H	ILL NAME OF STITUTION OF IN HOSPITAL OR IN ADDRESS OR LOCATION OF STITUTION BULLETING BOLLETING	W. Dilal	C. CLIY OR TOWN	-	DE CITY LIMITS? YES NO \(\bigcap \)
# :	300 1 South Honover	st.1	E. STREET AND NUMBER	- 04	TES NO .
5.	SEX 6. RACE 7. MARE	HED NEVER MARRIED O	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	WIDON	VED DIVORCED	9-2-97.	t birtheau 4	Months Doys Hours Min,
	A. USUAL OCCUPATION (Give kind of work 10B, KIN) as during most of working life, even if retired) Let Your tclor	goin, R,	BOUTE Store of Potential	1 hd	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	110	14. MOTHER'S MAIDEN NAME	1	
	15000EL Y	MILSON	IZMM Ad.	olusell	
(Ye	Was Deceased Ever in U. S. Armed Forces? s,na arunknown) (If yes, give war ar dates of servi	(215 - 18 395)	17. INFORMANT MRS. G.	RACIEA (b)	- Bally un 2/230
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		1. +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of dying,	(A)IMMEDIATE CAL		mony	
	hearl failure, asthenia, etc. II means the dise injury or complication which caused deoth.)		A CONSEQUENCE OF: Jail	eul	
	ANTECEDENT CAUSES	(B)	SEVD.		
	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c)	A		
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		by hation	•	
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.)	n or obout 21C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While AI Not While Work At Work	21F. HOW DID INJUR	Y OCCUR?	
	22. I certify that (I) (this hospital) attend	ed the deceased fram	Jan . 22 19	72 10	W. 19 19 72,
	that (I) (we) last saw the deceased alive	an Falt. 19	V 19 7 2 and that	In (my) (aur) apir	nian death accurred an the date
	and haur and fram the causes stated abay	e. (1) (We) (did) (did nat)	riew the bady after death.		
	23A. SIGNATURE T. Pios	Phy	ending Med. Sh	off ys.	23B. DATE SIGNED 72.
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS Sonore S		Pl 21230
24	A. BURIAL CREMATION, 248. DATE	C.NAME of CEMETERY OF CR	, , , , ,	ATION (Ci	ly, lown, or county) (Stole)
					your Go, hop
25	A. DATE REC'D BY HEALTH DEPT.	ME-OF-REGISTRAR	250 FUNERAL DIRECTOR	URTIS E.	EVANSADDRESS 2/23
5	EB 22 1972 Valled E. Hall	and the second	Salvetono 140	OS. Charles	I solving of the
150	TEA DEN 1/1/40		1 7 7 0		



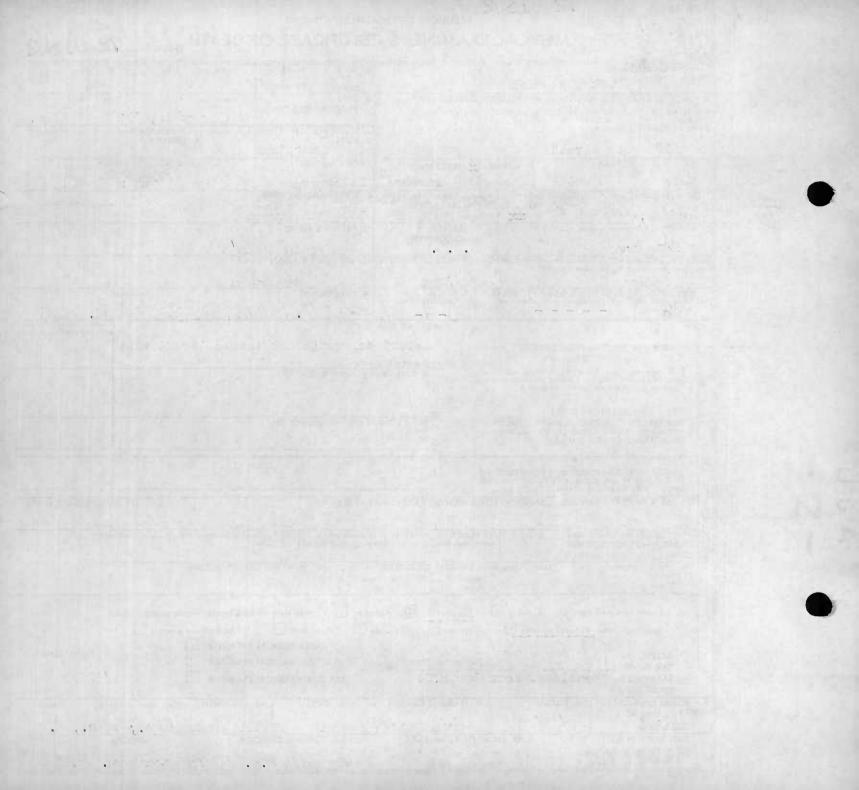
BIRTH NO.	12	01800	CERTIFICA	TE OF DEATH			
1. NAME OF DE (Type or Print)	chatricia Shie	lds Gar	rdner		b. 16, 1972	3:30	A
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD		here deceased lived. If in	nstitution: residence before od	mission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Md.	MONT	650	-0
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN		IDE CITY LIMITS?	
US 1	Public Health	Service	Hospital	Silver Spr:	ing	YES NO	
XX 3:	100 Wyman Park	way		1803 Mt.	Pisgah Lane		
5. SEX	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours	24 Hr Min.
F	Negro	WIDOWED		6/8/40	31	7,10,11	
OA, USUAL OC	CUPATION (Give kind of work f working life, even if retired)	108. KIND 0	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT CO	THU
House				D.C.		USA	
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME		
Harol	ld Shields			Pearl G	reen		
5. Was Decease	d Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
No No	n) (If yes, give wor or dotes	of service)	578-56-2862		pital, Balto,	, Md.	
1B. 03	3.7年20	01/	CAUSE OF DEATI	1		BETWEEN ONSET AN	
DISEA	SE OR CONDITION DIR LEADING TO DEATH	ECTLY '		Probable s	enci c	4 days	
	nol meon the mode of			A CONSEQUENCE OF:	charp.	4 44,5	
	, asthenio, etc. II means mplication which coused		702 10, OK A3	CONSEQUENCE OF			
	ANTECEDENT CAUSES			Etiology u	nknown	?	
DISEASES	OR CONDITIONS, if	nv. giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:			
rise to th	ne obove couse (A)	sloling the	(-)				
ONOENEMIN			(C)				
TO THE DEA	IFICANT CONDITIONS CONTINUES TO THE	IE TERMINAL	Hodgkin's Pulmonary	disease infiltrate & p	leural effus:	ion 5-6 yrs	?
U 19A. DATE O	CONDITION GIVEN IN PART F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED	
THE CO	WAS PERF	ORMED		no	IN CERTIFYING CA	USES OF DEATH?	
▼ DEATH (notif	ENT WAS UNDERLYING DEUTING CAUSE OF	21 B hon etc.	ne, form, foctory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct location)	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
OF INJURY		WH	ite At Not While				
		Wo		7-2-24			777
				Feb. 14	_19_72_toFe		72
) last saw the decease		4 . 4 4 4	19ond	that in (m/y) (our) opi	Inian death accurred on	rhe d
		ed abave. (Y) (We) (did) (did /n/st/) v	lew the bady after death	10		
23A. SIGNAT	MIC AL	1 A.	Atta	nding Med.	Staff Cal	23B. DATE SIGNED	
114	U Connell	IN	DEGREE Phys	Director L	Staff Phys.	2/16/72	
Michae	ToJ. O'Connell	Guna		23D. ADDRESS	ital Dalt-	M3	
		,	DEGREE		ital, Balto,		
REMOVAL	EMATION, 248. DATE (Specify)	24C. N	AME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or county)	(Stote)
Buri	al 2/10/7		rmony Memoria	l Park	Landover, Md	d.	
25A. DATE REC'I	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS	17:
FEB 2	4 1912 Pale 8	E. JaB	O CAR OF	nober 6	mason runer	at home 5008 F	- N
Buri 25A. DATE REC'I	2/19/7 2 1972 Page 17/68			25C. FUNERAL DIRECT		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT 72 01801 REG. No. 72 01801 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If Dorchester D. INSIDE CITY LIMITS? YES X NO Box 146 Secretary, Md. 21664 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min. last birthday 7 5 12. CITIZEN OF WHAT COUNTRY? ADDRESS dr APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exact location) and that in (my) tour opinion death accurred on the dote 23 B. DATE SIGNED The Johns Hopkins Hospital (City, town, or county) (Stote) VS 150-REV. 1/1/68



	11-36	25		ICAL	BA	LTIMORE CITY AMINER'S			OF [EAT	H REG. NO.	72	01802
BIR	TH NO.								eta.				-2006
(Typ	NAME OF DE		2 244 7277	TNG			2. DATE OF	Knawn		Manth	Day	Year	Hour
_		EDWARI					DEATH	Estimated					М.
	PLACE IN BA						3. DATE	UNCED DEA		Month	Day	Year	Hour
HOS	L NAME OF	ADDR	OT IN HOSPITA ESS OR LOCA	IL OR INS	IIIUIION,	GIVE STREET	PRONO	DINCED DEA	F	ebrua	ry 20,1	972	7:45 A. M.
OR	NOITUTITZAL							ESIDENCE ((Where de			n: residence	befare admission)
0	3604	5th St	reet				A. STATE	Maryla	hand		B. COUNTY		534
6. 5		7. RACE		8. MADD	IED G	VEVER MARRIED	C. CITY OR				D. INSIDE C	ITY LIMITS?	and the second
	Male	T	Vhite		PTT-0		D 144						
	ATE OF BIRT		10. AGE (In	WIDOV		DIVORCED 1 Yr. If Under 24 H	فسأنظ فأنشان أالسد	NOTE	ED		Y	ES LX	ио Ц
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t	pril22,	1904	6/	500c				5th Str	eet				
11.	BIRTHPLACE (Stale ar farei	gn country)		12. CITIZ	LEN OF	13. FATHER	'S NAME					
	Manye	land				S.A.	J.	scar Ma	idkin	10			
				4B. KIND	OF BUS	INESS OR INDUS							
dune	during mast of	1	ven ii renreaj	Ī	erti	lizer		Dona	Brown	n			
16.	WAS DECEAS	SED EVER IN	U.S. ARMED	FORCES	? 17.	SOCIAL	18. INFOR		Diam	-	A	DDRESS	7 11 11 11 11
(Yes	, na ar unknawr	(Il yes, give	war ar dates	ol service)	SECURITY NO.	1 0 1	1 C M	11 .	1500	1) 2004	F11 C	24225
	19. / /	4 17			2	CAUSE OF D	1 Donale	d. C. I'la	idkin	BLJUIV	1 3604	5th St	PPROXIMATE INTERVAL
19	4/0	2,71				CAUSE OF L	EAIN						VEEN ONSET AND DEATH
	DISEAS	SE OR CON		CTLY		Arter	iosclero	tic car	diov	ascul	ar dise	ase	
	(2)	LEADING TO				(A)IMMEDIA	TE CAUSE						
	heart failure	nat mean the e, asthenia, ét	c. It means the	disease,		DUE TO,	OR AS A CONSEC	UENCE OF:					
	injury ar ca	mplication wh	ch caused de a	ith.)									
	A	NTECEDENT	CAUSES			(p)							
	DISEASES	OR CONDIT	ONS. IF ANY	, GIVING		DUE TO,	OR AS A CONSE	QUENCE OF:	:				
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						(c)				••••••			
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TIFICATION	TO THE DE	ATH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL								
CERTIFICATION	TO THE DE	ATH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL	ICH OPERATION	WAS PERFORM	NED				21. AUTO	PSY? (Yes ar Na)
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VS 150-REV. 1/1/68

Eal S.

VS 151-REV. 1/1/68

Removal

25A. DATE REC'D BY HEALTH DEPT.

25C, FUNERAL DIRECTOR

Donovan Funeral Home 3818 Roland AVE

Norfolk, Virginia

Riverside Memorial Park

25B. NAME OF REGISTRAR

1000 decree W. Breesenst.

Reformed Cemetery

25B. NAME OF REGISTRAR

BE. 482

Middletown,

Gladhill Company, Middletown, Md.

25C. FUNERAL DIRECTOR

ADDRESS

Burial

VS 151-REV. 1/1/6B

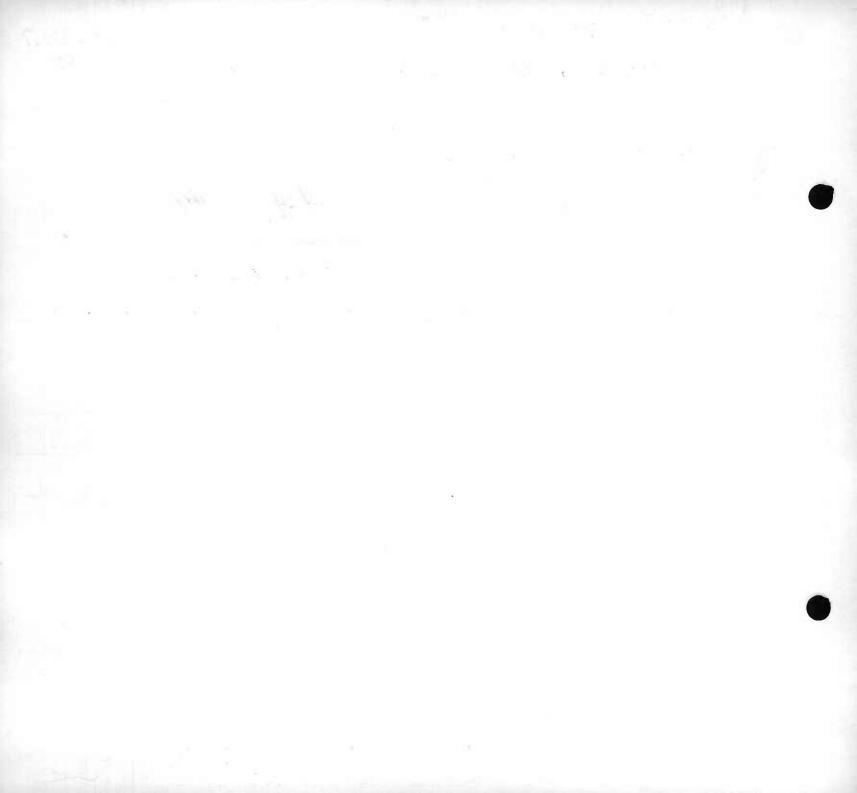
25A. DATE REC'D BY HEALTH DEPT.

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BALTIMORE CITY HEALTH DEPARTMENT

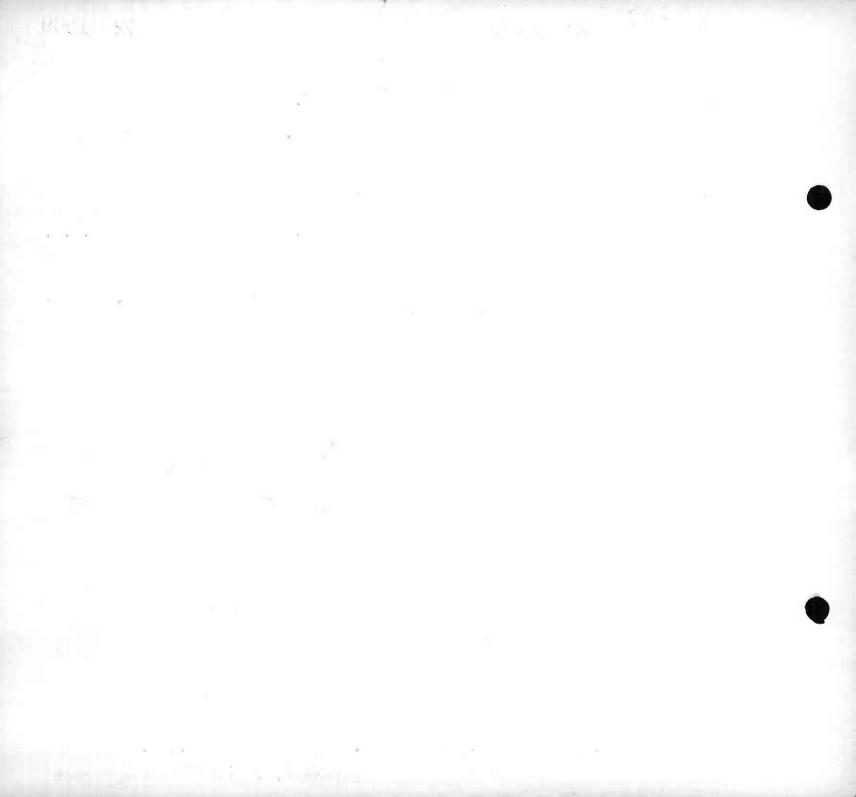
BIF	(-20 TH NO.	0	MED	ICAI	EXAM	INER'S	CERTIFI	CATE O	F DEAT	H REG. NO.	12)180	6	
1. NAME OF DECEASED (Type or Print) PEARL CHASE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) 600 N. Carey Street								Known Estimoted	Month	Doy	Yeor	Hour		
								Estimoted L					М.	
								UNCED DEAD	Febru	ary 18,1	972	5:10	0 P _M	
								A. STATE Maryland B. COUNTY Maryland						
6.	SEX	7. RACE			RIED NEVEL	R MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?			
	Female Negro WIDOWED DIVORCED						Baltimore YES ☒ NO ☐							
7. [10-1-0		lost birthdo	71	Months Doys	Hours Min.		Carey S	Street					
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								Solomon Winslow						
don				I 4B. KINI	OF BUSINES			MON WIT				ina s	10	
16. (Ye	WAS DECEASE , no or unknown)	O EVER IN	U.S. ARMED	FORCE:) SEC	URITY NO.	18. INFOR		7	204 TA	DRESS UCKSt	on A	ve.	
	19. // / 4	-			7 1	00/44		wood Wi	nslow	Portsm	outh.	WOXINATE II	NTEDVAL	
	The control of the mode of dying, e.g., heart follow, esthelio, est. It means the disease, liniury or complicion which coused death.) CAUSE OF DEATH Hypertensive cardiovascular disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:													
TION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							QUENCE OF:						
CERTIFICATION	TO THE DEA	CONDITION	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL	· • • • • • • • • • • • • • • • • • • •	~~~~~	***************						
	(C)						AS PERFORMED				21. AUTO	21. AUTOPSY? (Yes or No)		
EDICAL	UNDERLYING		ITRIB-		22B.PLACE O home, form, for	F INJURY (e.g., tory, street, office	in or about a e bidg., etc.)	2C. WHERE DIE	(if in Boltimo	ore City, give exc	ct location)			
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE													
	23. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinian resulted fram: Notwal causes Accident Suicide Hamicide Undetermined manner													
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAM ASSISTANT MEDICAL EXAM ASSISTANT MEDICAL EXAM ASSOCIATE MEDICAL EXAM ASSOC									LEXAMINER		2/19,	DATE SIGN	NED	
24. RE.	A. BURIAL CREAMOVAL (Specific Burial	AATION.	24B. DATE 2-21-		24C. NAME	of CEMETERY Auburn		DRY 24	Balt	(City, town	or county	(Sto	ite)	
	FEB 2 2		DEPT. Robert	25B. N	Ben R. B	ISTRAR		Son F.		ailey A	poress houn	St.		

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FUNERAL DIRECTOR: IMPORTANT



hospital

occurred

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DIRECTOR:

FUNERAL

medical

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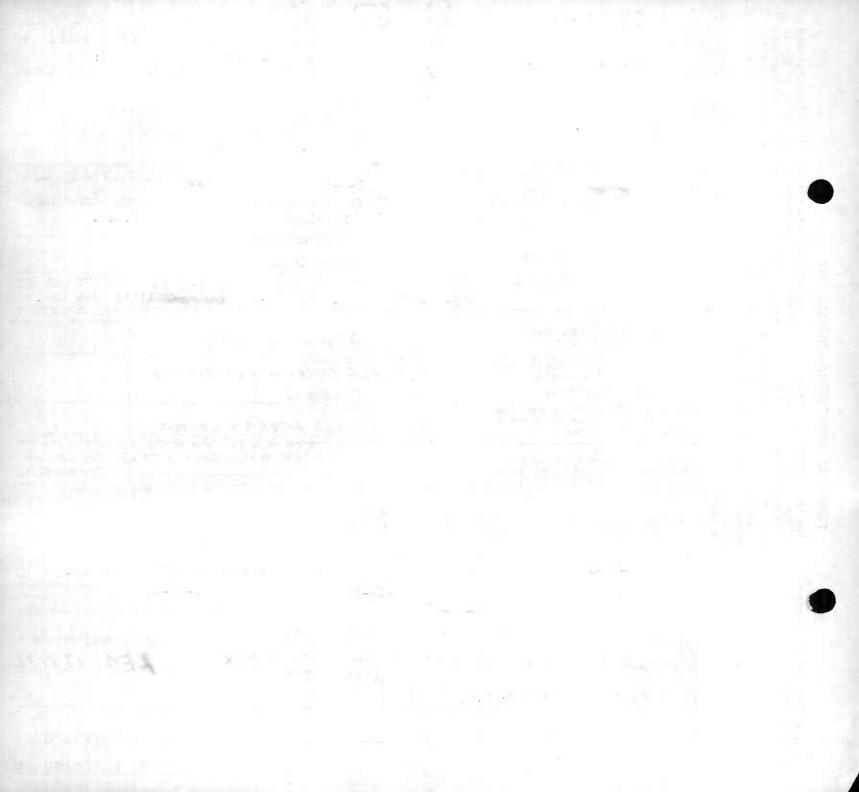
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cause

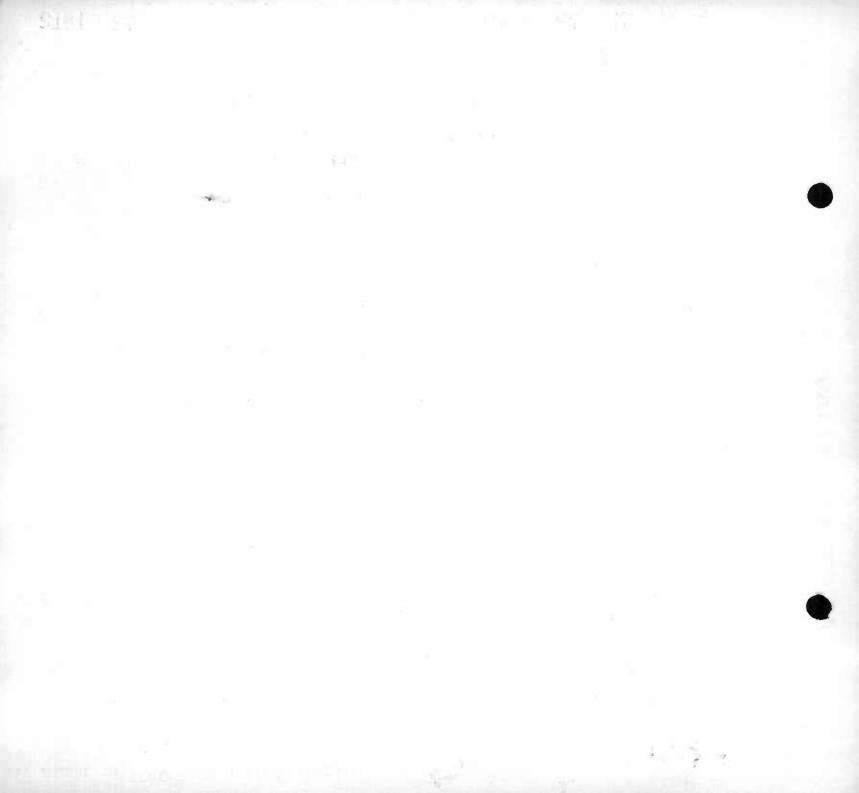


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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B-34/2 ma alan	BALTIMORE CITY	HEALTH DEPARTMENT	
B-346 72 01811	CERTIFICA	TE OF DEATH	REG. NO.
IKIT NO.	CERTIFICA		72 01811
NAME OF DECEASED		2. DATE AND HOL	
Butler, Harry S.		2-19-7	
PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4 USUAL RESIDENCE (Where deced	sed lived. If institution residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	Maryland	1/01
NSTITUTION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
PROVIDENT HOSPITAL		Baltimore	YES NO
29		E. STREET AND NUMBER 1101 St. Paul Str	eet
<i>3 1</i>		I TIOT DE. Tadi DET	
SEX 6. RACE N 7. MAP	RIED MEVER MARRIED	8. DATE OF BIRTH 9. AGE	In years 82 II Under 1 Yr. II Under 24 Hr. Hours Min.
A second and the seco	WED DIVORCED	2-8-1890 lest chirt	hdovi 82 Months Days Hours Min.
DA USUAL OCCUPATION (GIVE Lind of work 108, KIN		22 PIDTURI A CE (Suite en femilie	(ry) 12, CITIZEN OF WHAT COUNTE
and during most of working life gump Meetlend). T			U.S.A.
postal clerk U.	S. Post Office	Maryland	U.S.A.
FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Harry Joseph Butler			
		Laura Braxton	
. Was Deceased Ever in U. S. Anned Forces? es, no or unknown! (If yes, give war or dates of sen	16-SOCIAL	Mrs. Laura G. B	utler 1101 St. Paul S
NO			1111 Park Ave.
	215-40-6628	Mrs. Elaine Nolan	
18.4/2,41	CAUSE OF DEAT	H.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OF CONDITION DIRECTLY		101.x - 1	7 7 7
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE ASHD E LI	71715
(This does not mean the mode of dying,	DOT IO' OU VI	W COLLEGE CE CE CE	
heart failure, asthenia, etc. It means the dis- injury or complication which caused death.)	D6551	BLE CHRONIC RES	TRICTIVE
ANTECEDENT CAUSES	* ,		
	(B) LUN	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, g			
rise to the above cause (A) stating UNDERLYING CONDITION last	the GENE	RALIZED ARTERIOS	LEROSIS
	CHR	BANK TUNBANCE	
	CEREP	RAL ARTERIOSEL	ELEROSIS PUE TU ADVANCED EROSIS & POSS. CEREBRA
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING	The state of the s	THE AND THE
DISEASE OR CONDITION GIVEN IN PART 1 (A).			THROME
19A-DATE OF OPERATION 198 CONDITION	FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
WAS PERFORMED			
J 21A. A CCIDENT WAS UNDERLYING	218 PLACE OF INJURY le.g., home, farm, factory, sireet, o	n or about 21C. WHERE DID	(II in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	home, larm, lactory, street, or	nice bidg, injust occur	1101
		1101 St Paul	
21D-TIME (Month) (Doy) (Year) (Hour)		215. HOW DID INJURY O	
(APPROX.) 1-28-72	While At Work At Work	Patient state	d he fell backwards.
		10 70	
22. I certify that (i) (this hospital) attend	led the deceased from 1	29-72 19	to 2-19-72 19
that (i) (we) last saw the deceased office	on 2-19-72	19ond that In(s	ny) (our) opinion deoth occurred on the do
and hour and fram the causes stated abo		· ·	
23A SIGNATURE	ve. (1) (He) (dia) (ala hai) (new the body after death.	238 DATE SIGNED
23 7 SIGNATURE ON	10		
Murudita P. Combatis	M. T DEGREE Phy	nding Med. Stoff Phys.	I IFB. 19.197
23C. PHYSICIAN'S	DEGREE	23 D. ADDRESS	7
NAME ITYPE	Land MA		
MERCEDIA P. COME	ATIR MEGREE		
A. BURIAL CREMATION, 24B, DATE 2	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATIO	N City, town, or county! (State)
REMOVAL (Specifyl			
	Arbutus Memori	al Park Baltim	ore Co. Maryland
NA TIALE PECTO BY MEALTH DEET 1958 MA		GL GLA IDGLLLI	ADDOPPE
	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
FEB 2 2 1972 36		25C FUNERAL DIRECTOR NUTTER FUNERAL	ADDRESS

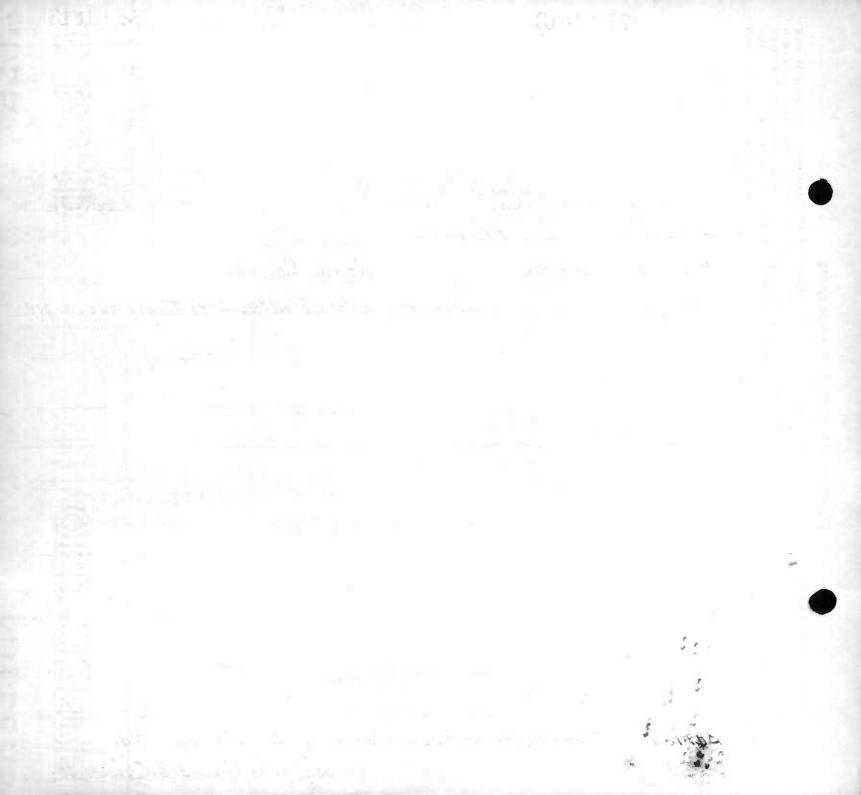


12 111813	ATE OF DEATH REG. NO. 72 01812
	TIE OF DEATH
(Type or Pfint) BIGBY, VIRGINIA	E = 2/16/72 3.40 p.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before edinission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD BALTIMORE 1301
Sinai Hospilal BALTIMORE	BALTINORE YES YES YOU
>14a1 170> 11141 DICE 1740 RE	E. STREET AND NUMBER 727 Druid Park Lake br. # 17
5. SEX (1) 6. RACE 7. MARRIED 1 AUGUST MARRIED	
Tende Neder WIDOWED X DIVORCED	11 5 04 lost birthday) Manths Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Domestic Pvt. Family	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mose Macley	Isabelle Mitchell
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
NO SECURITY NO.	QMr. & Mrs. Patrick Stewart 5436 Nelson
18. 3 9/0 1 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	use / 4 hacholike C. H.F
heart foilure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury or complication which caused death.)	A 4: 40 - 5
ANTECEDENT CAUSES (B) \mathcal{A}	D. with ASHMI-AI SA CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving nise to the obove couse (A) stoling the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C) and	possibly Licuspid Insuff.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
■ IDISEASE OR CONDITION GIVEN IN PART 1 [A]. ■ IDISEASE OR CON	PERSONAL REPORT OF THE REPORT OF THE PERSON
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 1218 BLACE OF INCHES	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CAUS	in ar obout 21C. WHERE DID (If In Baltimore City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour) 215 IN LLEY OCCUPATED	
(APPROX.) While At Not Whi	21F. HOW DID INJURY OCCUR?
Wark L. At Wark	
22. I certify that (i) (this hospital) ottended the deceased fram	2/16 1977 to 2/16 1972
that (1) (we) last saw the deceased alive an 2/16	19 7 2 and that in(my) (aur) opinion death occurred on the date
and have and from the causes stated obove. (1) (We) (did) (did not)	riew the bady after death.
23A. SIGNATURE	238, DATE SIGNED
Physical Phy	ending Med. Stuff D/ 2/16/72
23C. PHYSICIAN'S NAME (Type) MICHAECIDES MD	23D. ADDRESS SINAT HOSPITAC.
24A. BURIAL CREMATION, 24B. DATE 24C, NAME et CEMETERY et CR	EMATORY 240- LOCATION (City, town, or county) (Stote)
Description of the second	totales to the state of the sta
25A. DATE RECOUNT FEATO 25T. NAME OF REGISTRAR	ial Park Baltimore Co. Maryland
TEB 22 1912 Tober E. Jaber M.D.	11-2-11-11
VS 150-REV. 1/1/68	NUTTER FUNERAL HOME 3035 W. NORTH AVE



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1-250	ma 01010		BALTIMORE CITY	HEALTH DEPARTMENT		70 04049
BIRTH NO.	72 01813	3	CERTIFICA	TE OF DEATH	REG. NO	72 01813
I. NAME OF DECE	ASED		^	2. DATE A	ND HOUR OF DEATH	
(Type or Print)	Jackson	r .	Maggie	F	eb-21 1	9721 / 1
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUN	ICED DEND	4. USUAL RESIDENCE (Wh	ere deceased lived If in	stitution: residence before adm
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	A. STATE Md _ B. COU	NIY	90
HOITUTITZHI	1.1	Hom		C. CITY OR TOWN Ba	Chince D. INSI	YES A NO
37/00	on our	10/		E. STREET AND NUMBER	arford a	al
- SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under
F	/ /	WIDOWED	DIVORCED	9-1-01	70	Months Doys Hours
lone during mast of w	raiking life, even if refired)	IUE KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT CO
Damesit		Pn	Wate.	Va		U8A
3. FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME	
Alaca	· 0 1	• /		0 1	. 1.	
5. Wes Deceased	Ever in U. S. Armed For	os II	6. SOCIAL	MENA COLL	CAL	ADDRESS
es, no or unknown)	(If yes, giva war ar date	s of servicel	SECURITY NO.		,	VDDKE32
No		4	15-66-0409	Walter Fewik	es 2781 Ti	cold Ave. 212
18.250	0,91		CAUSE OF DEATH	1. /.	0	APPROXIMATE INTE
	OR CONDITION DI	ECTLY	Hy pertin	sive eardrow	ascular a	iscare
	LEADING TO DEATH		(A) IMMEDIATE CAU		tru hear	Parline
heart failure, a	of mean the mode of astheria, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
injury or comp	lication which caused	death.)	01/	1 (11)		
A	NTECEDENT CAUSES		CV/	ナレイグ		
DISEASES OF	R CONDITIONS, if	any, civing	DUE TO, OR AS	CONSEQUENCE OF:	/	
rise to the	above cause (A)	slating the	Dia	fers melli	tus	100
UNDERLING	CONDITION last.		(c)			
2			Δ.	0 . 1	0	
E ITO THE DEATH	CANT CONDITIONS COI I BUT NOT RELATED TO TH	IE TERMINAL	Kena	I insuff	valency	
JOA DATE OF	NOTION GIVEN IN PAR	1 (A).	1011 0000 1001	1204	1	***************************************
0	WAS PERF	ORMED WH	TCH OPERATION	20A. AUTOPSY? (Yet or N	IN CERTIFYING CAL	INDINGS CONSIDERED
21A ACCIDENT	T WAS HADEN VINCE	loso ac	ACT OF INTERNAL			
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examines	home,	ACE OF INJURY (e.g., ir farm, factory, street, of	or about 21 C. WHERE DID INJURY OCCUR?	(I) In Baltimore	e City, give exact location)
OF INJURY	(Manth) (Day) (Year)	(Hour 21E, IN	JURY OCCURRED	21F. HOW DID IN	IURY OCCUR?	
OF INJURY		While				
		Work	L At Work			0
22. I certify t	that (1) (this hospital	attended the	deceased fram	2 - 1	19 72 to	2-2/ 19
that (I) (wa)	ast saw the decease	d alive on	2-21	19 72 and th		nian death accurred an th
and hour and	from the causes stat	ed abave. (1) A	Wal (did not) vi	ew the bady after death.		
23A. SIGNATUR		/ /	7,7,7,7	on the budy offer deaths		23B, DATE SIGNED
	V. Chil	reder	Atter	ding Med.	Stoff 100	2-21-
23 C. PHYSICIAN	75	7700	DEGREE Phys		Staff Phys.	- 4
NAME (Ty	pel V. Ch	traply	e co	30. ADDRESS Procu	dent	Ho-p
4A. BURIAL CREM	ATION, 248, DATE	ZAC. NAM	E of CEMETERY or CRE	MATORY 24D. L	OCATION (Cit	y, token, or county) (Si
REMOVAL (Sp	pecityl	AA .		0		
DILY IA	X-24-	12 VYOUN	It HUBUPNO		Itimore;	Md.
-	EB22 1972	JOBEL E.	Jake MA	25C. FUNERAL DIRECTOR	2 11.1	ADDRESS
	= T N 10 101 L	2000000	A Maria	Naudolelov, Co	olleck2431	5. Oliver St.
S 150-REV. 1/1/68	P E.			10		



Cara	100 D		BALTIMORE CITY	HEALTH DEPARTMEN	T	72 01814
D-000	72 018	14	CERTIFICA	TE OF DEAT	H REG. NO	/~ 01014
1. NAME OF DECEASED					E AND HOUR OF DEAT	·
(Type or Print)	SCHUH,	ALBE	ERT EDWARD		BRUARY 20,	
3. PLACE IN BALTIMORE, M	AMLAND, WHERE	RONOU	NCED DEAD	4. USUAL RESIDENCE		institution; residence before admission
FULL NAME OF (IF NO HOSPITAL OR ADDITED	OT IN HOSPITAL OR	וטדודצאו	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	CITY	21224 103
140	ST.AGNE	C 110	CDITAL	BALTIMORE		YES NO
70	ST. AGNE	2 11	DSFITAL	E. STREET AND NUMB	ER	100
				2733 EAST	ERN AVE.	
5. SEX 6. RACE	7- MA	RRIED K	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
		OWED		12 24 05	lost birthday)	Months Doys Hours Min.
IOA. USUAL OCCUPATION (G	ive kind of work 10B, KI	ND OF	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	fareign country)	12. CITIZEN OF WHAT COUNTRY
SECURITY OFF		TRO	LEUM	MARYLAND		U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
HARRY SCHUH				MATILDA (SE	IBERT)	
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, giv	S. Armed Farces?	nited 1	6 SOCIAL	17. INFORMANT WI	KENS AVES	BALT UADDRESSD . 2122
NO	e war ar acres or se	IAICEI	215072293			CORDS-CATON &
18.255.2	1 /		CAUSE OF DEAT	1		APPROXIMATE INTERVAL
	NOITION DIRECTLY			,		BETWEEN ONSET AND DEATH
	TO DEATH		(A) IMMEDIATE CAU	SE Intracros	rial hemos	Blaco
(This does not mean theart faiture, asthenia,	he mode of dying,	e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		e and a
injury or complication v	hich caused death.)	seuse,				/
ANTECEDE	NT CAUSES		Phonek	mount out to	mA	
DISEASES OR COND	TIONS, if any,	gniving	DUE TO, OR AS	A CONSEQUENCE OF:		*******************************
rise to the above UNDERLYING CONDITI	cause (A) stating	the	RIDA	000	00200	10
ONDEKLING CONDII	ON last,		(c) D 12 63 3	in worth	ale verm en	ra_
OTHER SIGNIFICANT CON	DELONG CONTRIBUT	TIME				
TO THE DEATH BUT NOT	RELATED TO THE TERM	INAL	100000000000000000000000000000000000000			
O O O O O O O O O O O O O O O O O O O	198 CONDITION	FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes o	Noll 208, IF YES, WERE	FINDINGS CONSIDERED
1	WAS PERFORMED			YES	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING	IDERLYING [218. PI	LACE OF INJURY (e.g., in	or about 21 C. WHERE DI	D (If In Boltime	ora City, give exoct location)
DEATH (notify medical ex	ominer)	etc.)	form, foctory, street, all	ica bidg. INJURY OCCU	12	
DEATH (notify medical ex 21D-TIME (Month) (OF INJURY	Doy) (Year) (Hous)	21E. II	NJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
OF INJURY		While			MISORI OCCUR,	
		Wark				
22. I certify that (1) (t						BRUARY 20 19 72
that (IX(we) last saw					that in (my) (our) ap	Inlan death accurred on the date
ond hour and from the	causes stated abo	ve. (1) ((We) (dld) (did not) vi	ew the body ofter dea	th.	
23A. SIGNATURE	0					238. DATE SIGNED
downs	Soon La	2	M. D. DEGREE Phys	iding Med.	Staff Phys.	Te. 0 20 ,877
23C. PHYSICIAN'S NAME (Typel			2	3D. ADDRESS		1196-1000 -0,11/2
	SOON LEE	M.D.		CATON & WIL	KENS AVES	BALTO., MD. 21229
4A. BURIAL CREMATION. 12			DEGREE			Dity, town, or county) (State)
REMOVAL (Specify)	7-12 77	1	1		011	111
DUP 18	2-23-12	UAK ME OF	REGISTRAR	metery	Baltimore	ADDRESS
LEB 22 1972	Waller & Ja	Beu	4. A. O. O.	Nicholas	T. Matth	iews .
/S 150-REV. 1/1/68			6 4 4	1300 F	istern Av	e, Baltimare, Mo

Introversel himsely : There to consent from a Blotand brombapaumonia. Down Jean Les mo IMPORTAN

DIRECTOR:

FUNERAL

NO

Hours

APPROXIMATE INTERVAL

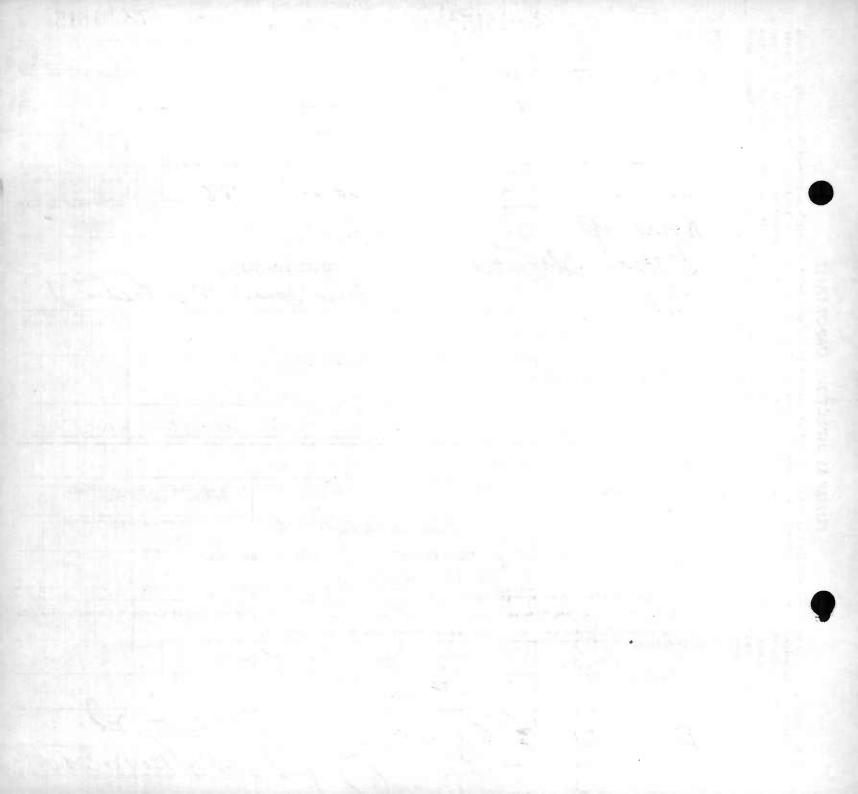
2 WEEKS

1-20 YRS

(Stote)

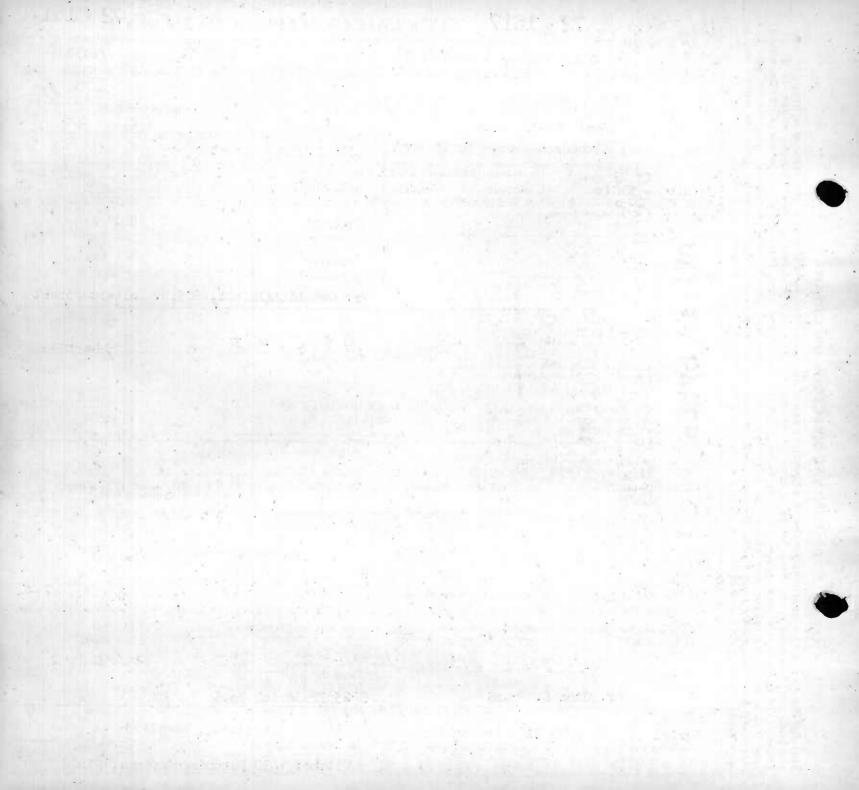
10 YRS

If Under 24 Hrs.



38,019,018

111 14		BALTIMORE CIT	Y HEALTH DEPARTMENT		wa 04047
10-42	6 72 0183	L7 CERTIFICA	TE OF DEATH	REG. NO	72 01817
Type or Print)	Sally Walke	r (Sarah Jane)	2. DATE AN	ND HOUR OF DEATH 2/17/72	6:30
3. PLACE IN BAI	TIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Whe		stitution: residence before odmissio
FULL NAME OF	(IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md C. CITY OR TOWN		DE CITY LIMITS?
NOITUTITZN	Hood Nursing	Home	Baltimore		YES NO
90		n.& North Bend	E. STREET AND NUMBER		
10	Edmondson Ave	n.& North Dend	300 E. 30th	Street	
. SEX	6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months! Days Hours Min.
female	white WIDO	WED DIVORCED	9/12/1882	lost birthday)	111011111111111111111111111111111111111
MA. USUAL OCC	UPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNT
one during most of	working life, even if retired)		Ireland		USA
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	
unknov		114 0001	unknown		ADDRESS
i. Wos Deceased les, no or unknown	d Ever in U.S. Armed Forces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		
			Mr. Donald All	ewalt, 805 N	. Calvert Street
18. 11 / 7	1/	CAUSE OF DEA	îH		APPROXIMATE INTERVA
DISEA	SE OR CONDITION DIRECTLY			/	
	LEADING TO DEATH	(A)IMMEDIATE CA	USE A 5. C . V.	D	Geara
	nal meon the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	asthenia, etc. It means the dismplication which coused death.)	eose,			
	ANTECEDENT CAUSES				
		(B)	S A CONSEQUENCE OF:		
	OR CONDITIONS, if ony, goes above couse (A) stating	1	S A CONSEQUENCE OF.		
	G CONDITION last.	(c)			
	11				
O THER SIGNI	FICANT CONDITIONS CONTRIBU	TING			
▼ DISEASE OR	TH BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A).				
19A. DATE O	F OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(if in Boltimor	e City, give exoct location)
	(Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY		While At Not Wh			
		Work At Work		/ 6-	1.5
22. 1 certify	y that (1) (this hospital) atten	ded the deceased fram	2/3	1968 to	2///19# 2
that (1) (we) last sow the deceased alive	on 2/15	19 7 2 and the	hat in (my) (aur) apl	nian death occurred an the o
ond haur ar	nd from the causes stated abo	ve. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNAT					23 B. DATE SIGNED
	0-4		tending Med.	Staff	2/10/-2
	The one	Mu DEGREE PH	ys. Director	Phys.	2/18/17
PHYSICI NAME (23D. ADDRESS		
	Dr. John C. Pot	and of Gre	3325 Frederick	Road	
4A. BURIAL CR		24C. NAME of CEMETERY OF C		LOCATION (C	ity, town, or county) (State
REMOVAL	(Specify) 2/19/72	Loudon Park	Ball	Ltimore, Mary	yland
Buriel		AME OF REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS
CEDAR	68F70 () A A A A	Day I'm			
FFRSS	BIZ Valante E San	cer and in	Witzke, 1630	ramondson !	Avenue, 21228
VS 150-REV. 1/1.	/68	· 4	1 8 0		



Deceased death

(2)

cause

BALTIMORE CITY HEALTH DEPARTMENT 72 01818 CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ПО February 21, 1972 MARY E. GROSS death. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YESX prior 806 Glen Allen Drive E. STREET AND NUMBER Baltimore, Maryland 21229 806 Glen Allen Drive P 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 7. MARRIED NEVER MARRIED mag lost birthdoy decease WIDOWED DIVORCED Nov 19, 1882 White 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Baltimore, Maryland Retired Partnership Manufacturing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Taubenheim 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT 6. SOCIAL 0 (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO Mr. Angus R. Gross attendance No 215-32-9705 4001 Chatham Rd. Ellicott City. CAUSE OF DEATH 18. OL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the made of dying, e.g., DUE TO, OR AS A hearl failure, asthenia, etc. It means the disease, ar injury or camplication which caused death.) em 5 ANTECEDENT CAUSES 5 DUE TO, OR AS A CONSEQUENCE 10 are DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating the UNDERLYING CONDITION lost. remains Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL an DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED NO 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) °Z DEATH (notify medical examiner) MEDIC brained 21D, TIME (Month) (Dov) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY White At Not While (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from 1962 to 2 -19 7 2 and that in (my) (aux) apinion death accurred an the date that (1) (we) last saw the deceased alive an., death) and haur and from the causes stated abave. (1) (4) (stid) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending | Staff 9 Phys. approval 0 23C. PHYSICIAN'S prior 23D. ADDRESS to M DEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) ó REMOVAL (Specify) Intombment Woodlawn Balto. County Lorraine Park Mausoleum Was 25A. DATE REC'D RY Fun Home Harry H. Witzke Maryland

NO

Hours

BETWEEN ONSET AND DEATH

19.72

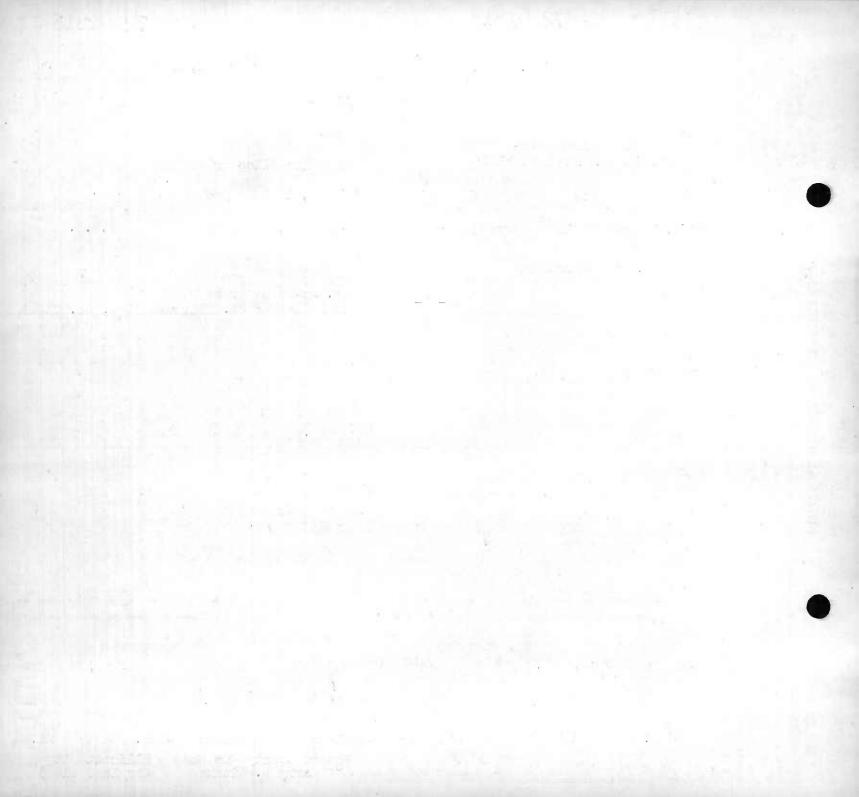
Md.

21-

U.S.A.

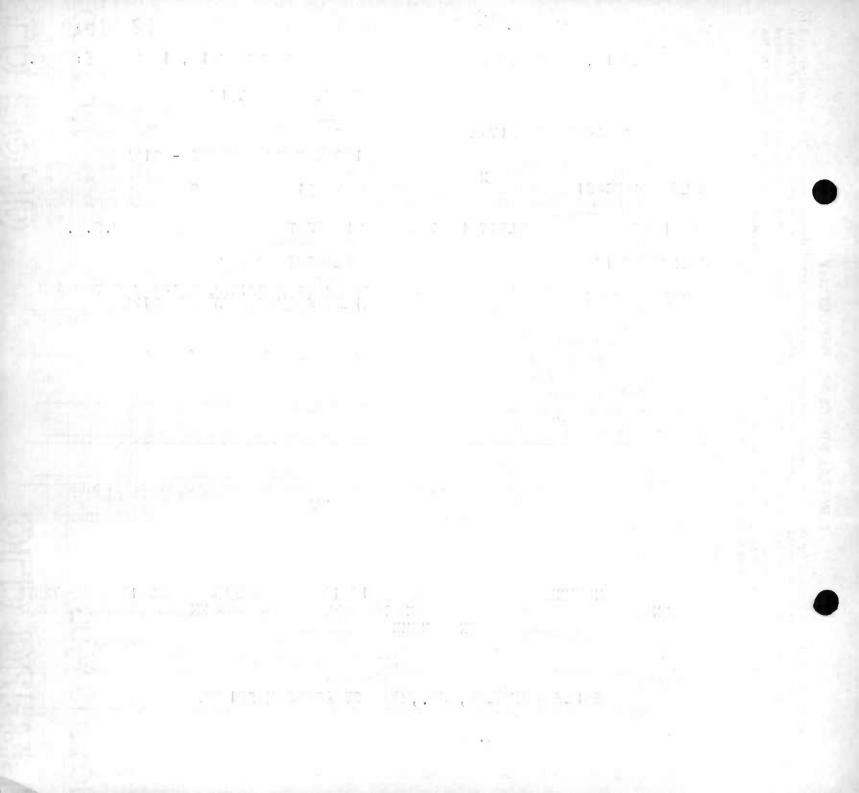
ADDRESS

If Under 24 Hrs.



CSA

1	7-20	0 72	0181	9 CERTIFICA	HEALTH I	DEATH	REG. NO	100	01010
	TH NO.			CERTIFICA	TE OF	DEATH /		12	01919
	De or Print)	RUDIE. JAM	ES THE	OD OR F			UARY 19,		5:00 P.
3.	PLACE IN BAI	LTIMORE MARYLAND, W				RESIDENCE (When	deceased lived, If		sidence before admission)
HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MAR		ALTIMORE	ISIDE CITY LIJ	AITS?
HN	NOITUTION	OT ACHEC	HOCDIT	Α1		TIMORE	0	YES 🗍	мо[Й
ŀ	40	ST AGNES	HUSPII	Д	E. STREET	AND NUMBER			
_					100			- 2122	
5. 5		6. RACE		NEVER MARRIED	& DATE O		ost birthday)	Months!	1 Yr. If Under 24 Hrs. Doys Hours Min.
4	MALE	CAUCASION	WIDOWED		09 2	_	40	10.000	
		working life, even if retired)	FIRE KIND OF	BUSINESS OR INDUSTRY	11. BIRIMY	LACE (State or forei	gn country!	12, CITIZ	EN OF WHAT COUNTRY
	ENGIN		ELEC	TRIC CORP		NESOTA			U.S.A.
13.	FATHER'S NA	ME			14 MOTH	ER'S MAIDEN NAM	AE		
	JULIUS	RUDIE			BL	ANCHE DU	BAY		
15. (Ye	Wes Deceased to or unknown YES	d Ever in U. S. Armed For nil lif yes, give war or date KOREAN	rces? es of service)	SECURITY NO. 501-22-0619	ST A	GNES HOS	PITAL RE	CORDS	CATON AND
-	18. 7 0	0 11		CAUSE OF DEAT	H	LN3 AALS	D-LIO III		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
CERTIFICATION	DISEASES (ise to the UNDERLYIN OTHER SIGNIT TO THE DEAL DISEASE OR C	osthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. Il FICANT CONDITIONS COUTH BUT NOT RELATED TO TOO NOTION FAI	any, giving stating the CHIRD	(8) DUE TO, OR AS					
RTIFIC	19A. DATE OF	P OPERATION 19% CON	FORMED	WHICH OPERATION	20A. AI	YES	IN CERTIFYING	E FINDINGS CAUSES OF D	CONSIDERED EATH?
CAL CE	21A. ACCIDE OR CONTRIB DEATH (notif	ENT WAS UNDERLYING UTING CAUSE OF y medical examined	21 thornests	LPLACE OF INJURY leage, in a farm, factory, street, of	n or about 2 fice bldg., it	IC. WHERE DID	(if In Boitin	nore City, give	exect lecetion)
MEDI	21D. TIME OF INJURY IAPPROXI	(Month) [Day) (Year)	1111	INJURY OCCURRED All Work All Work	• [TE HOW DID INJ	URY OCCUR?		
		y that () (1XIX No XpXex			10		9 69 to	02 19	1972
16	L. GWVV	Wast to same	all alternation	02 1	9 197	2 and the	A In COUNTY A		
		Wost saw the decease			-		at juffuilt forms o	pinion deol	h occurred on the dat
				D (KK KIK) (FIB) KAK)	-		at justiment forms o		
		nd from the causes sto		D (MAX (GIB) (AIX MAX)	lew the b	ody ofter deoth.		23B DAT	
	ond hour on	ule Rawle) (No) (aid No) ,	nding	Med. Director	Staff Phys.		
	ond hour an	ule Rawle	le J	Mo DEGREE Phy	ending 23D. ADDR	Med. Director CESS	Stoff Phys.		
	ond hour on 23A. SIGNAN 23C. PHYSICI. NAME I	ure LICE ANS Type EMILE	R MOHL	MO DEGREE Phy ER, JR., MD DEGREE	riding 223D. ADDR	Med. Director D	Shoff D	238 DATE	E SIGNED //9/7 2
24	ond hour on	ure LICE ANS Type EMILE	R MOHL	Mo DEGREE Phy	riding 223D. ADDR	Med. Director D	Shoff D		19/7 Z_
24	ond hour on 23A. SIGNAN 23C. PHYSICI. NAME I	ure LICE ANS Type EMILE	R MOHL	D (No.) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	elew the bearing 23D. ADDR. ST	Med. Director DESS AGNES HO	Shoff D Phys. D SPITAL SCATION SSUP, Mary	23B. DATI	county) (State)
	23C. PHYSICI, NAME I	URE LICE RATION, 248, DATE ISpecifyl	R MOHL 24C.N 2 S:	D (No. GIB) (XIX No.) DEGREE PHY LER, JR., MD. AME of CEMETERY OF CR. LAWRENCE OF REGISTRAR	elew the bearing 23D. ADDR. ST	Med. Director DESS AGNES HO 24D. Le JHERAL DIRECTOR	Shoff D Phys. D SPITAL SCATION SSUP, Mary	23R DATI	E SIGNED 19/7 2 1 county) (State) ADDRESS





FFR 2.2 1972 Paber E. Raiber & D.

VS 150-REV. 1/1/68

Such

ype or Print	s Walter Dasch				February			
PLACE IN	BALTIMORE, MARYLAND, Y	VHERE PRONO	UNCED DEAD	4. USUAL RESID				dence before admission
ULL NAME	OF UE NOT IN HOSPI	TAL OF INSTIT	LITION CIVE STREET	Marylan		1		1030t
OSPITAL O	R ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOW			SIDE CITY LIM	πs?
10				Columbi			YES	ио 🔀
TUS	t. Agnes Hospit	al		5533 Gr	NUMBER eenmountai:	n Circl	le 2	21043
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE	In years	If Under 1 Months: D	Yr. If Under 24 Hrs oys Hours Min.
Male	White	WIDOWED	DIVORCED .	4/19/99		72		
	OCCUPATION (Give kind of wor ost of working life, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count	ry)	12. CITIZEN	OF WHAT COUNTR
Retir				Maryland				USA
FATHER'S		1		14. MOTHER'S M	AIDEN NAME			4 0 //
Willi	am Dasch			Sarah Go	snell			
. Was Dece	eased Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT			A	DDRESS 21043
1/	nown) (If yes, give wor ar dot	es of service	212-07-6446	Mrs. Jam	es W. Dasc	h 5533	3 Green	mountain Cir
Yes	ww.		CAUSE OF DEATH			- ////		APPROXIMATE INTERVAL
(This do	SEASE OR CONDITION DI LEADING TO DEATH les not mean the made at lure, asthenia, etc. It means complication which coused ANTECEDENT CAUSE!	dying, e.g., the disease, death.)	500 .0, 0K A3	A CONSEQUENCE (meen onset and deat
(This do heart fai injury or DISEASE rise to	LEADING TO DEATH les not mean the made at lure, asthenia, etc. It means	dying, e.g., s the diseose, d death.) ony, giving	DUE TO, OR AS	A CONSEQUENCE (
OTHER SI	LEADING TO DEATH tes not mean the made of lure, asthenia, etc. It means complication which coused ANTECEDENT CAUSES S OR CONDITIONS, if the above cause (A) YING CONDITION last. II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA	dying, e.g., s the disease, d death.) ony, giving stating the ONTRIBUTING (HE TERMINAL RT 1 (A).	(B) Cutter in DUE TO, OR AS	A CONSEQUENCE OF	î Heart OF:	due	use	many yeu
OTHER SI	LEADING TO DEATH tes not mean the made of lure, asthenia, etc. It means complication which coused ANTECEDENT CAUSES S OR CONDITIONS, if the above cause (A) YING CONDITION last. II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA	dying, e.g., s the disease, d death.) ony, giving stating the DNTRIBUTING THE TERMINAL RDITION FOR	(B) Cution OR AS DUE TO, OR AS	A CONSEQUENCE (DF: Aleart OF: (Yes or No) 208. II	alise		many yeu
OTHERSI TO THE DISEASE 19A. DAT	LEADING TO DEATH tes not mean the made at lure, asthenia, etc. It means camplication which coused ANTECEDENT CAUSE: S OR CONDITIONS, if the above cause (A). YING CONDITION last. II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA E OF OPERATION 1978. CON	dying, e.g., s the disease, d death.) ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR 1	(B) CUTEL OF DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in factory, street, of	a CONSEQUENCE Selentu A CONSEQUENCE 20A. AUTOPSY	OF: (Yes or No) 208. II IN CE	YES, WERE	use	many yeu ONSIDERED ATH?
OTHERSI TO THE DISEASE 19A. DAT	LEADING TO DEATH tes not mean the made of lure, asthenia, etc. It means camplication which coused ANTECEDENT CAUSES S OR CONDITIONS, if the above cause (A) YING CONDITION last. II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN PA E OF OPERATION 19B. CON WAS PER CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examined E (Month) (Doy) (Year) RY	dying, e.g., s the disease, d death.) any, giving stating the DNTRIBUTING (HE TERMINAL RT 1 (A). NOTION FOR STORMED 21B hom etc. (Haur) 21E	(B) CUTE OF DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in the form, factory, street, of the factory of the fac	20A. AUTOPSY	OF: (Yes or No) 208. II IN CE	YES, WERE RTIFYING CA	FINDINGS CAUSES OF DE	many yeu ONSIDERED ATH?

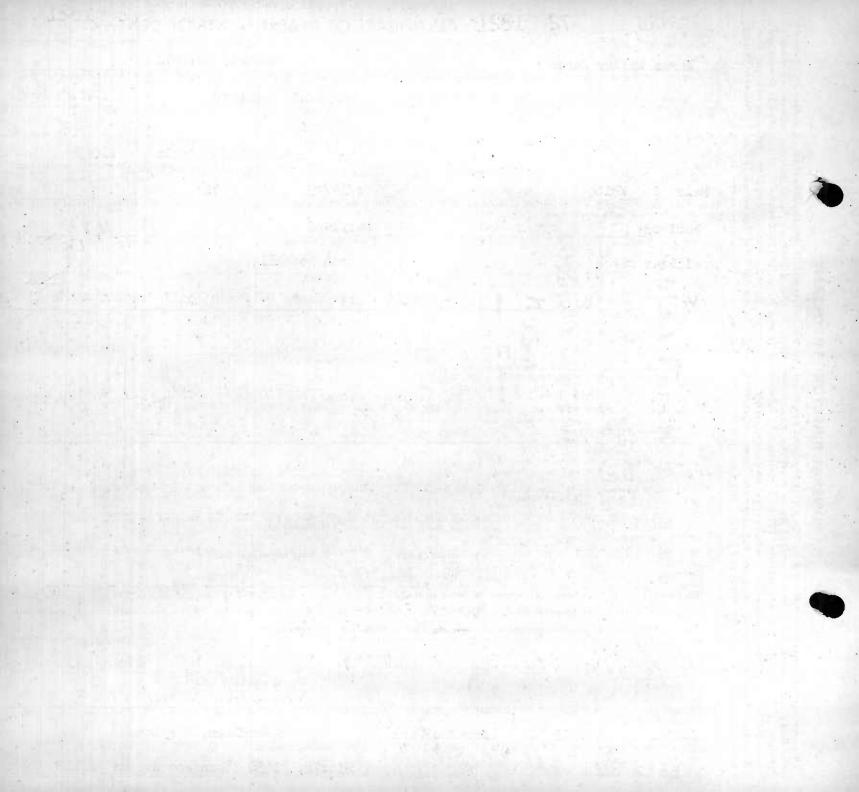
25C. FUNERAL DIRECTOR

Witzke

11630 Edmondson Avenue

ADDRESS

21228



1	2 4 52			HEALTH DEPARTMENT		72 04000
BRI	TH NO.	2 0182	22 CERTIFICA	TE OF DEATH	FEG. NO	72 01822
1.N	AME OF DECEASED CLA	ARLES	BALKAN	HIT 19	Fell 72	7:45 Am
FUI	LL NAME OF ADDRESS	AND, WHERE PR	ONOUNCED DEAD THE THE PROPERTY OF THE PROPERTY	DIATE B. COU	VANIA	V 35
INS	PROVIDENT	HOSE	3-27-12	WILKES BA	CLE D. INS	YES NO NO
	SICATE A	MEND	ED 4/3/12	E. STREET AND NUMBER	E 57.	
5. 5	EX 6. RACE NEGA	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	5-10-1893	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give his during most of working life, even to ACHINIS T	nd of work TOR, KIN If refired)	DOF BUSINESS OR INDUSTRY ER. CHAIN ABLE CO.		reign country)	USA
13.	Joseph +	a K	Bauknight	MARY C		BERGER
15. V (Yes	Wes Deceased Ever in U. S. A., no or unknown) (If yes, give wo		ice) 16. SOCIAL	MRS LAURA I	Porknight	ADDRESS ST.
	DISEASE OR CONDIT		CAUSE OF DEAT	Marcine	me prod	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1This does not mean the n heart failure, asthenia, etc. I Injury or complication which	node of dying.	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	· ·	
	ANTECEDENT (DISEASES OR CONDITION isse to the above cour UNDERLYING CONDITION	NS, it any, gi	(6) DUE 10, OR AS the	A CONSEQUENCE OF:		
ATION	OTHER SIGNIFICANT CONDING TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	ONS CONTRIBUTE	ING PAST 10	puatine &	ludning	
	19A-DATE OF OPERATION 1		POR WHICH OPERATION CALLINGTA	20A. AUTOPSY? (Yes of I	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
O	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examin	LYING C	21 B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	n of about 21 C. WHERE DID	(if in Boltimo	re City, give exect location)
0	21D. TIME (Month) (Dayl OF INJURY (APPROX)	(Year) (Hous)	21E INJURY OCCURRED While At Not While Not Work	21F. HOW DID IN	JURY OCCUR	
	22. I certify that (1) (this				.19to	19
	that (1) (we) last saw the					Inlan death occurred an the date
	and hour and from the cau	ses stated above	ve. (1) (We) (d1d) (d1d not)	riew the body after death	•	238, DATE SIGNED
	Am He	Holiti	GEGREE Phy	ending Med. Director	Staff Phys.	19 7eb 72
	PHYSICIAN'S NAME (Type)	HIPO	CITO	23D. ADDRESS	alot t	Topital
24 /	BURIAL CREMATION, 24B. REMOVAL (Specify) BURIAL 2/	23/72 C	OAK LAWN	Cenetery H	ANOVER TWA	ity, town, ar county) LUZ CO. Par.
254	FEB 22 1972	Cobert E. J	ME OF REGISTRAR	25C. FUNERAL DIRECTO	. 0	ADDRESS 4655. Mainst.
VS	150-REV. 1/1/68				1.11	IKES-BARREPF

3-27-1972 - Letter from Provident Hospital, Inc., 2600 Liberty Heights Avenue, Balto., Md. Medical Records Clerk. HRS

4/3/72 - Hospital admission sheet #508679- Provident Hospital. Age.

Phyllis Brown, Medical Record Adm.

TO 04000		
72 01823 BALTIMORE CITY HE	ALTH DEPARTMENT	
C-220 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH	72 01823
BIRTH NC.	REG. NO.	
. NAME OF DECEASED (ype or Print) OF A DEVICE COATERS	2. DATE Known Month Doy	Year Hour
CLARENCE COATES , Jr.	OF DEATH Estimoted	м,
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Haur
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD February 19,19	72 4:00 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if Institution	n: residence before odmission)
309 E. Lafayette Avenue	A. STATE Maryland B. COUNTY	1205
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore	- KT CT
DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER	ES NO
last birthday) Months: Days: Haurs: Min.	309 E. Lafayette Avenue	
Oct, 7,1919 52 1 1 I. BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?		
Baltimore, Maryland USA ALUSUAL OCCUPATION (Give kind of week) 148. KIND OF BUSINESS OR INDUSTRY	Clarence Ellsworth Coat	tes, Sr.
ane during most of working life, even it retired)		
Unempleyed	Virginia Ellen Woodyard	
s. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL es, ng grunknown)/(if yes, give year oc dates of service) SECURITY NO.		DDRESS
Yes WW II, Korean 212 14 915	Ida Mae Wright 336 N.	Hilton Street
19. 4/2 4 1 CAUSE OF DEAT	TH .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disea	se
LEADING TO DEATH (A)IMMEDIATE C	ALISE	
Unis does not mean the mode of dying an	S A CONSEQUENCE OF:	
heart fallure, osthenia, etc. it means the disease, injury ar camplication which coused death.)		
ANTECEDENT CAUSES		
	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDUCTORS CONTRIBUTION		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		A PROPERTY OF THE PARTY OF THE
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
Q		no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	In or about 22C. WHERE DID (If in Boltimare City, give exa	ect location)
UTING CAUSE OF DEATH.	State of the state	
OF INJURY (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NOT WORK AT WO	WHILE	
23.		
1 certify that I held an Inquiry Inspection X Aut	opsy and that on this basis, death in my	apinian
resulted from: Natural causes X Accident Suicide		7
1 17.111	CHIEF MEDICAL EXAMINER	
ACTUAL held Walley	ASSISTANT MEDICAL EVAMINED	DATE SIGNED
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER	

2/20/72 Ronald N. Kornblum, M.D. NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, tawn, or county) (State) Baltimere National Baltimere
of registrar 25C. FUNERAL DIRECTOR Burial Md, 25A. DATE REC'D BY HEALTH DEPT.
FEB 2 2 1972 258-NAME OF REGISTRAR ADDRESS Lewis T Gwynn 4517 Park Heights Ave. VS 151-REV. 1/1/48

ASSOCIATE MEDICAL EXAMINER

Character of the control of the control ASSESSED THE SECTION OF SECURITION OF SECURITION leve of the bound of the course of sive i

7-65	A)		BALTIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE	OF DEATI	H _{REG. NO.}	01824
1. NAME OF DEC		RANKS		2. DATE Known [OF DEATH Estimated		Doy Y	eor Hour
4. PLACE IN BAI	(IF NOT IN HOSPIT ADDRESS OR LOCA			3. DATE PRONOUNCED DEA	^{Month} Feb ru a	ry 18,1972	eor Haur
OR INSTITUTION LI	UTHERAN HOSPI			5. USUAL RESIDENCE (A. STATE Marylan		ed, If Institution: resid B. COUNTY	lence before admission)
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY LIA	AITS?
Male	Negro	WIDOWED		Baltimore		YES X	NO 🗌
9. DATE OF BIRT	lost birthdo	n years If U	Inder 1 Yr. If Under 24 Hrs. Iths: Doys: Haurs: Min.	1637 Delano			
	State or foreign country)		CITIZEN OF	13. FATHER'S NAME			
Maysvill	e, North Card	olina	WHAT COUNTRY?	Ben Franks			
	JPATION (Give kind of wark warking life, even if retired)	148. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME		
and do in g mast of	aditing me, even momeny	Constr	uction	Janie Franks			
	ED EVER IN U.S. ARMEI		17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRES	
			217-09-3026	Mrs, Mary Fr	anks 16	36 Delano	
19. F 9 (55X		CAUSE OF DEA				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIRE	CTLY	Gunshot	wound of che	st		
(7)	LEADING TO DEATH		(A)IMMEDIATE				
heart failure	nat mean the made of d e, asthenia, etc. It means the mplicotion which caused de	e disease,	DUE TO, OR	AS A CONSEQUENCE OF:			
DISEASES RISE TO TH UNDERLYI	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.	Y, GIVING TING THE	(B)(DUE TO, OR	AS A CONSEQUENCE OF:			
O THE DE	II VIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN F	THE TERMINA					
20A. DATE O	F OPERATION 208. CO	NDITION FOR	WHICH OPERATION W	AS PERFORMED		21.	AUTOPSY? (Yes or No) yes
UNDERLYING UTING CA		r) (Hour)	Street	22F. HOW D	DID (If in Boltimor CUR? It of 1637 ID INJURY OCCU	Delano Co	ourt 1501
	URE Danald	1 M/k	Inspection Au Accident Suicid	de Homicide X CHIEF MEDI ASSISTANT MEDI	Undetermin CAL EXAMINER ICAL EXAMINER	death in my opining the death	DATE SIGNED
24A. BURIAL CRE REMOVAL (Spec	MATION, 248. DATE	2	4C. NAME of CEMETERY		24D. LOCATION		
Burial	2-25-7		Mt. Auburn			nore, Mary	
FEB 2	2 1972 Page	25B. NAM E. Jan	Ben, M.D.	Morton & I		ADDRE H. 1701 Lau	

TISE . 2 WILL yvio, brine i. . . . i an ruke n in the man of the state of th ביבון בין בין אוני. תומשדה להו סבורין בין בין בין בין בין בין " worken & Cyatt A. M. Thi Emman it.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

					72 01825
- 6 D	6	0 0400	CERTIFICA	TE OF DEATH	3. NO
Pe or Print)	OL!	VER FRA	NCIS CARTE	R 2. DATE AND HOUR O	
PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONOU	NCED DEAD	A. STATE LAND COUNTY	lived. If institution: residence before admission)
ILL NAME OF DSPITAL OR STITUTION	IIF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET		1606
				BALT I MORE	D. INSIDE CITY LIMITS? YES NO
THE JO	HNS HOPKIN	S HOSP	AL	E. STREET AND NUMBER	
SEX	V nace	12		8. DATE OF BIRTH 9. AGE (In	
MALE	NEGRO	WIDOWED	NEVER MARRIED DIVORCED	10-20-02 lost birthdox	years Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
				11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
e during most of	working life, even # refired)			Baltimore, Maryland	U. S. A.
FATHER'S NA	ME S CARTER			14. MOTHER'S MAIDEN NAME MILLIE STEWART	
Was Deceased	Ever in U. S. Armed Fo	rces? es of service)	SECURITY NO.	17. INFORMANT	ADDRESS
Yes			213-09-7364 CAUSE OF DEATH	Mrs. Virginia Carte	er 2628 W. Lafavette
heart failure, injury at cor	LEADING TO DEATH not mean the mode of authenia, etc. It means application which caused	dying, e.g., the disease, death.)		ISE Cardiorespiratory A CONSEQUENCE OF:	
DISEASES (ise to the UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR (19A-DATE OF 19A-ACCIDE	not mean the mode of asthenia, etc. It means implication which cause ANTECEDENT CAUSE: OR CONDITIONS, if se above cause (A) G CONDITION last. II FICANT CONDITIONS CONTINUE STATE TO TO THE BUT NOT RELATED TO WAS PERMIT WAS UNDERLYING!	dying, e.g., the disease, death.) any, giving stating the contributing the contributing the contribution for wiformed	(B) Meto, or as (C) HICH OPERATION PLACE OF INJURY (e.g., 1)	A CONSEQUENCE OF: 20A.AUTOPSY? (Yes or No) 20B, IF Y E S IN CERT	
DISEASES (150 to 11) DISEASES (150 to 15) OTHER SIGNIT TO THE DEADISEASE OF (1974-DATE OF CONTRIB	not mean the mode of asthenia, etc. It means inplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) G CONDITION last. II FICANT CONDITION S CONDITION GIVEN IN PA FOREATION 198 CON WAS PER	dying, e.g., the disease, death.) any, giving stating the contributing the contributing the contribution for wiformed	(B) Meto, or as (C) HICH OPERATION PLACE OF INJURY (e.g., 1)	A CONSEQUENCE OF: 20A-AUTOPSY? (Yes or No) 208, IF YES	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
DISEASES (150 to 11) DISEASES (150 to 15) OTHER SIGNIT TO THE DEADISEASE OF (1974-DATE OF CONTRIB	not mean the mode of asthenia, etc. It means in plication which causes ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) G CONDITION last. Il FICANT CONDITIONS CONTINUE TO THE BUT NOT RELATED TO CONDITION GIVEN IN PACTOR OF THE PROPERTION TO WAS PERMIT WAS UNDERLYING TO LAUSE OF	dying, e.g., the disease, death.) any, giving stating the contributing the contributing the contribution for whome contributions are contributed as a second for the contribution for whome contributions are contributed as a second for the contribution fo	(E) DUE TO, OR AS (C) HICH OPERATION PLACE OF INJURY (e.g., line), farm, factory, street, of INJURY OCCURRED (A) Not While	20A. AUTOPSY? (Yes or No) 20B, IF Y ES IN CERT	res. Were FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Boltimore City, give exact location)
DISEASES (nise to the UNDERLYIN OTHER SIGNITO THE DEAL DISEASE OR CONTRIB DEATH Inolification of INJURY IAPPROX.)	not mean the mode of asthenia, etc. It means implication which cause ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) G CONDITION last. II FICANT CONDITION S CONTINON GIVEN IN PACONDITION GIVEN GIVE	dying, e.g., the disease, i death.) S any, giving stating the CONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR W. FORMED 218, home etc.) 1Houd 218. Whill World	(E) DUE TO, OR AS (C) CHICH OPERATION PLACE OF INJURY (e.g., It is a farm, foctory, street, of its injury occurred to the control of the co	20A. AUTOPSY? (Yes or No) 20B, IF Y ES IN CERT	TES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Boltimore City, give exact location) JR7
DISEASES (nise to the UNDERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR (19A-DATE OF CONTRIBEDEATH Incition of INJURY LAPPROX.) 22. 1 certify that (1) (we	not mean the mode of asthenia, etc. It means in plication which causes ANTECEDENT GAUSE: OR CONDITIONS, if the above cause (A) G CONDITION last. Il FICANT CONDITION S CONDITION GIVEN IN PAFELATED TO CONDITION GIVEN IN PAFE OPERATION 19th CONDITION GAUSE OF the decided examined (Month) 1Doy) (Year of the total total the causes stated from the causes stated from the causes stated Mars	dying, e.g., the disease, death.) any, giving stating the stating	(E) DUE TO, OR AS (C) CHICH OPERATION PLACE OF INJURY (e.g., line), farm, foctory, street, of the control of	20A AUTOPSY? (Yes of No) 20B, IF Y ES IN CERTIFICE bidge INJURY OCCURT 21F, HOW DID INJURY OCCU	TES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Boltimore City, give exact location) JR7

r. n r. Envind 2-21-72-less to Man to the 19th of 19th States IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

The state of the s

1/ 1/10 170	04000	BALTIMORE CITY	Y HEALTH DEPARTMENT	72 01827
F = 400 /2	01827	CERTIFICA	TE OF DEATH REG. NO.	.4 01067
1. NAME OF DECEASED			2. DATE AND HOUR OF DEA	TH
(Type or Print) Alice Kelly	(nee MA	RLOWE)	2-17-72	1:30PM M
3. PLACE IN BALTIMORE MARYLAND			4. USUAL RESIDENCE (Where deceased lived. I	I institution: residence before odmission)
FULL NAME OF (IF NOT IN HO) HOSPITAL OR ADDRESS OR L	SPITAL OR INSTIT	UTION, GIVE STREET	Maryland	1547
ERTIFICATE			C. CITY OR TOWN Baltimore	NSIDE CITY LIMITS?
DITTOR IL	PAIVAL.	NULU da	E. STREET AND NUMBER	YES X NO
Mercy Hos			3006 Elgin Ave. #212	16
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE Un years	II Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
Female Negro	WIDOWED		1-8-22 last birthday , 50	Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of a done during most of working life, even if reting	work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia, Millwood	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
John Marlowe			Alice C. Taylor	
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give war or o	Forces? dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		149-18-4463	Mr. Nile Kelley 3	006 Elgin Aven
18.43101		CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION	DIRECTLY		land land	BETWEEN ONSET AND DEATH
LEADING TO DEAT		(A) IMMEDIATE CAU	BEARDINE DIGEL	
(This does not mean the mode heart failure, asthenia, etc. It med	ons the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caus	sed death.)	Maria	0 11 01	
ANTECEDENT CAUS		MIGON (B)	Hem Wealth Dur	t
DISEASES OR CONDITIONS,	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	100
nise to the above cause I. UNDERLYING CONDITION last.	A) stoling the	(c) Ano	morrasove (cebso)	V: 23727
11		(C)		
O OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	1/2/1		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN I	O THE TERMINAL	WINT	***************************************	
19A-DATE OF OPERATION 19B. C	ONDITION FOR V	VHICH OPERATION	20A AUTOFSY? (Yes or No) 20B, IF YES, WER	E FINDINGS CONSIDERED
	PERFORMED		IN CERTIFYING	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. hom etc.)	e, form, foctory, street, of	n of about 21 C. WHERE DID (If In Baltim	nore City, give exoct lacation)
210-TIME (Month) (Day) (Ye	at) (Hout) 21E	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	Whi	le At 🗀 Not White		. 1
	Wor	6.	411	1/11
22. I certify that (1) (this hospi		deceased from	19	1 19 19 17
that (1) (we) last sow the deced	sed alive on	17 KUUT	19 ond that In(my) (our) o	pinian deoth accurred on the dote
and hour and from the couses s	stated abave. (1)	(We) (did) (did not) vi		
23A. SIGNATURE				23 B. DATE SIGNED
X N	1	OL.	Med. Staff Phys.	114 2 1
23C. PHYSICIAN'S	13	DEGREE	Director L.J Phys. L.J	The Tree
NAME (Type)				
RAA. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C, NA	ME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, ar caunty) (State)
Burial 2-20-	72 M	t. Calvery Cer	metery Baltimore, M	laryland
25A. DATE REC'D BY HEALTH DEAT.	258. NAME O			01 Laure 18985t.
LERSS BIS AND	En Water	to the first	Morton & Dyett Funeral H	
/S 150-REV. 1/1/68			The cont a please I uneral I	ionos, inc.

2/25/72 - Correction form from funeral director.

72	01828	Ş
12	0182	٤

BIRTH NC. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	01058
I. NAME OF DECEASED	2. DATE Known Month Day	Year Hour
(Type or Print) THOMAS MORTON	OF DEATH Estimoted	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 19, 19 5. USUAL RESIDENCE (Where deceased lived. If institution:	
2329 Windsor Avenue	A. STATE B. COUNTY	1504
6. SEX 7. RACE B. MARRIED X NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Negro WIDOWED DIVORCED		No 🗆
	E. STREET AND NUMBER	NO LI
9. DATE OF BIRTH 10. AGE (In yeors lost birthdoy) May 4, 1920 10. AGE (In yeors lift Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	2329 Windsor Avenue	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Newport News, Virginia WHATCOUNTRY?	Thomas E. Morton, Sr.	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even il retired)	15. MOTHER'S MAIDEN NAME	
U. S. Post Office	Lillie Morton	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II) yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT AD	DRESS
Yes 1950-1952 212-16-3594	Mrs. Harriet Morton 2329	Windsor Avenue
19. 4/2. 41 CAUSE OF DEAT	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	sclerotic cardiovascular disea	se
(This does not meon the mode of dying, e.g., (A)IMMEDIATE C		
heort lollure, osthenio, etc. it meons the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:	
ANTECEDENT CAUSES (e)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
0 1		
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (II in Boltimore City, give exoct	yes (Partial)
UNDERLYING OR CONTRIB. home, lorm, loctory, street, office	bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NOT NOT AT W	WHILE T	
23(Par	tial)	
	and that an this basis, death in my a	
resulted fram: Natural causes Accident Spicid		
ACTUAL X/, //////	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.		
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	2/20/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
Burial 2-24-72 Arbutus Memor	rial Park Baltimore, Mary	land
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS
FEB 22 DIE Grand	Morton & Dyett F. H. 1701	Laurens St.
'S 151-REV. 1/1/68		

And The state of t กิรศรภ และที่สุด ฮาราการคามหลาย (สุดให้นาย)

The manufacture of the state of

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	BALTIMORE CITY I	HEALTH DEPARTMENT		70 01900
### No. 30 72 0182	29 CERTIFICAT	E OF DEATH	REG. NO.	72 01829
(Type or Print)	NE Havie	2. DATE AN	HOUR OF DEATH	5115 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (What	e decleased lived. If in	stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		Md.		1901
INSTITUTION	0 1	COTY OR TOWN	D. INSI	DE CITY LIMITS?
Usuld Geneval	Hosp.	E. STREET AND NUMBER		YES NO
To		321-11. DY	uce St	
5. SEX 6. RACE 7. MARE	NEVER MARRIED 8	DATE OF BIRTH	9. AGE Un years lost birthdoy	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINI		3-2-05	66	
done during most of working life, even if refired)	O OF BUSINESS OR INDUSTRY	I. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		20/40N, N-C	,	U.5.A.
11.012.		MOTHER'S MAIDEN NAM	AE	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL 11	MUKNOWN 7. INFORMANT		
(Yes, no or unknown) (II yes, give war or doles of servi	SECURITY NO.	Floriby Co.	1 221 00	ADDRESS
18. 4/2/1	CAUSE OF DEATH	MANAGE PUTO	1-521-10.1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		B .	050	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAUSE		1 Cudo	corderi
heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	dse,	CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, gir	ving (B) DUE TO, OR AS A	CONSEQUENCE OF:	***************	
rise to the above cause (A) stating UNDERLYING CONDITION last.	Ino			
	(C)	***************************************		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN OF THE DEATH AND THE TERMIN TO THE TERMIN THE TERMIN TO THE TERMIN THE THE TERMIN TH	NG		- 4	
		120A A N N	000 15 450	
WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., in chome, farm, loctory, street, offic etc.)	or obout 21C. WHERE DID e bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
OF INJURY (Month) (Doy) (Year) (Hour)	21 & INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (1) (this hospital) attended				19
that (I) (we) last saw the deceased alive	on	19and tha	it In(my) (our) apir	lan death accurred an the date
and hour and from the couses stated above	. (1) (We) (did) (did not) vie	w the body after death.		
23A. SIGNATURE	Attend	ing [] Med. []		238, DATE SIGNED
23C.PHYSICIAN'S	DEGREE Phys.	Director LJ F	Stoff Phys.	4/6/172
NAME (Type)	231	D. ADDRESS		
24A SURIAL CREMATION, 24B, DATE 246	DEGREE	0	1	
T BEAADMAL (SW)	C. NAME O CEMETERY OF COEM	ATORY 124D LA	ICATION / ICIA	town as county) (State)
REMOVAL (Specify)	C. NAME OF CEMETERY OF CREM	24D. LO	CATION (City	y, town, or county) (Stote)
Duvial 2-21-12/	Af theburn	and to	A / B, M	ld. 1 of
Duvin 2-21-72/	Af theburn	25C FUNERAL DIRECTOR	10 (b) (City of L)	ADDRESS ADDRESS ADDRESS

the Europe

1	BALTIMORE CITY H	EALTH DEPARTMENT		72 01830
BIRTH NO. 72 01830	CERTIFICAT	E OF DEATH	REG. NO.	01000
1. NAME OF DECEASED			D HOUR OF DEATH	
Type or Print James Leonard		2 -	19 - 72	1 5.05 Au
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		USUAL RESIDENCE (When	e deceased lived. If inst	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	A	B. COUNT	TY	1604
INSTITUTION		CHY OR TOWN		E CITY LIMITS?
1) I United	1	1314 (70		YES NO S
Provident Hospital	3	STREET AND NUMBER	yson Stre	et
5. SEX 6. RACE 7. MARRIED N	EVER MARRIED 17 8.	DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Negro WIDOWED X	DIVORCED	1-1-98	74	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY 11.	BIRTHPLACE (State or foreig	gn country?	12. CITIZEN OF WHAT COUNTRY?
cone coring most of working life, even it restreo;		North Car	colina	U.S.A
13. FATHER'S NAME	14	MOTHER'S MAIDEN NAM	AE.	
Fato Tomes		Dorces Ton	4 -	
15. Was Deceased Ever In U. S. Armed Forces? [16.	SOCIAL 17.	DUVY - JA	mes	
	SECURITY NO.	INFORMANT		ADDRESS
2	12-56-6680 4	LONA J.Tn.	lov -611.	- N. PAYSON ST. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18, 1 - 17 0 1	CAUSE OF DEATH	Civil & 11ty	100 2011	APPROVINATE INTERVAL
DISEASE OF CONDITION DIRECTLY	CHOOL OF BURNING	/		BETWEEN ONSET AND DEATH
LEADING TO DEATH		0 2.		
(This does not magn the made of dying, e.g.,	(A) IMMEDIATE CAUSE	CA OF PANCI	REAS C	
heart failure, asthenia, etc. It means the disease,	DUE 10, OR AS A C	ONSEQUENCE OF:		
injury at camplication which caused death.)				
ANTECEDENT CAUSES	widest	read metaat	tosis.	
DISEASES OR CONDITIONS, if any, giving	(B)	onsequence of:		*******
rise to the above cause (A) stating the	DUE TO, OR AS A C	CONSECUENCE OF:		
UNDERLYING CONDITION last.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
F TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 121B PLACE 1	U OBrazio	1204 411200000000	000 45 45	***************************************
WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or No)	20 R. IF YES, WERE FIN	IDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examined)	CE OF INJURY (e.g., in or m, foctory, street, office	obout 21C, WHERE DID bldg., INJURY OCCUR?	(If In Boltimore (City, give exoct location)
O 21D.TIME (Month) (Doy) (Yeon) (Hour) 21E INJU OF INJURY	IRY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
E OF INJURY (APPROX.) While Ar	Not White			
Work	At Work			
22. I certify that (N (this hospital) attended the de	ceased from 1	20 19	77×10 2	1 19 19 72-
that (1) (we) lost sow the deceased alive on	1		-	on death occurred on the date
ond hour and from the couses stated above. (1) (Ne	e) (did) (did not) view			
23A. SIGNATUR	The state of the s	ada, and deaths	la	BR, DATE SIGNED
	DD HT Attendin	g Med. 7 S	THE FOR	The state of the s
23C. PHYSICIAN'S	DEGREE Phys.	Director L P	hys. Ly	2 19 72
NAME (Type)		ADDRESS	11	~
RAYMAU. I. HII	Y ND DEGREE	TROU DEN	T HOSP	INC
24A. BURIAL CREMATION, 24B. DATE 24C. NAME (REMOVAL (Specify)	CEMETERY OF CREMA	170KY 240. LO	CATION (City,	lown, or gounty) (State)
	- Ila Chi	18005 3	m / /	110
EB 22 1972 Usber E. Speller, Many	Tunun	Jan 18	KT 170, V	041
FB 22 1972 Galas E. Jaken R.	GISTRAR	25C FUNERAL DIRECTOR	1) 1/1	ADDRESS
ED & W 13/2 VISSELD C. PRIDER,	0000	WORDONTS	Motte	H MOI-NAUVEN
VS 150-REV. 1/1/68				

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K-560	72 0:	1831' CERTIFICA	Y HEALTH DEPARTMENT	REG. NO	72 01001
1. NAME OF DECEASE	KEEMER,	Mary	2. DATE 2	AND HOUR OF DEAT	н
ETILL NAME OF	PRE, MARYLAND, WHI	OR INSTITUTION, GIVE STREET		here deceased lived. II	institution: residence before odmission)
HOSPITAL OR INSTITUTION			C.CITY OR TOWN Baltimore		ASIDE CITY LIMITS? YES MO NO
Balto	Penrose Ave.		1917 Penrose	e Ave.	
	egroid	MARRIED NEVER MARRIED WIDOWED DIVORCED	May 7, 1911	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working None	ION (Give kind of work 10 og life, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Calvert Co.		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME RAND	Y KEEMER		14. MOTHER'S MAIDEN N	EMER	
15. Was Deceased Ever (Yes, no or unknown) (If y	in U. S. Armed Farces es, give wor or doles of	16. SOCIAL SECURITY NO. 218-10-7784	17. INFORMANT Edith Lorray	ne Perry	5120 Laurel Av
IThis does not me heart failure, asthringury or camplication ANTE DISEASES OR Crise to the abunderlying CO	11	(A) IMMEDIATE CA DUE TO, OR AS OULTO, OR AS (B) DUE TO, OF A	USE MYOLOU SACONSEQUENCE OF: WHOULUNG CANA SACONSEQUENCE OF:	dood Fref Woldgenlu ase	BETWEEN ONSET AND DEATH L C G G S.
VISEASE OR CONDI	T CONDITIONS CONTI T NOT RELATED TO THE T TION GIVEN IN PART 1 RATION 198 CONDIT WAS PERFOR	TERMINAL (A). TON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WOR CONTRIBUTING	I CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	In or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltim	ore City, give exoct location)
(ma)	nth) (Doy) (Yeod (i	While At Not Wh	21F. HOW DID II	NJURY OCCUR?	
1	(1) (this hospital) a saw the deceased o	oftended the deceased from	19/6 / ond		olinian death occurred on the date
and hour ond fran 23A. SIGNATURE	the couses stated	abave. (1) (We) (did) (did not)			23B DATE SIGNED
23C. PHYSICIAM'S NAME (Type)		ALTIMORE, MD. 2120	1230. ADDRESS	Stoff Phys.	12/21/72
REMOVAL (Specify Burial	2-19-72	New Cathedral C		Baltimore,	City, town, or county) (State)
FEB 22 19		R NAME OF REGISTRAR	25c. FUNERAL DIRECTO		ADDRESS 01 Laurens St.

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VS 150-REV. 1/1/68

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

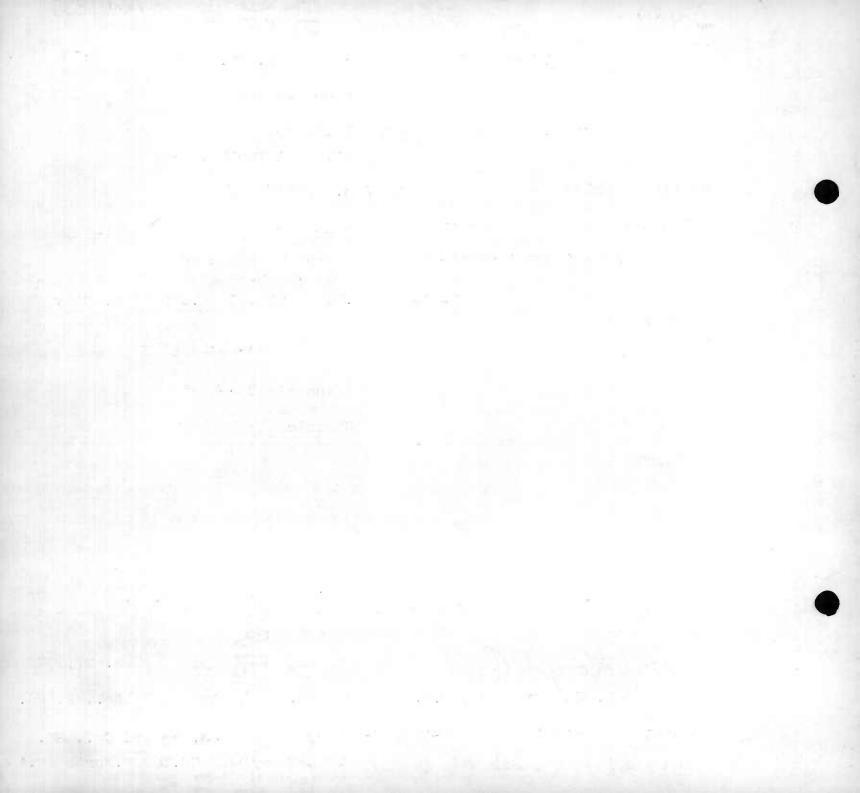
Fne	BALTIMORE CIT	Y HEALTH DEPARTMENT		EO 01
BIRTH NO. 72 01	833 CERTIFICA	TE OF DEATH	REG. NO	72 01833
1, NAME OF DECEASED		2, DATE	AND HOUR OF DEATH	Н
FIORENCE JENK	TNS	02.	-19-72	2:10 P. M.
3. PLACE IN BALTIMORE MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
			UNIY	901
HOSPITAL OR ADDRESS OF LOCATION	INSTITUTION, GIVE STREET	MARYLAND		100
NSTITUTION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
THE JOHNS HOPKINS HOSP	ITAL	BALTIMORE		YES NO
BALTIMORE, MD 21218		E. STREET AND NUMBER		
, , , , , , , , , , , , , , , , , , , ,		1610 E. 28	th STREET	
SEX / 6. RACE / 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
6. 111	= =		lost birthday)	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KI		04-07-31	40	
ne during most of working life, even if retired)	OF BOSINESS OR INDUSTR	II. BIRIHPLACE (Stole of to	reign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary		N. Canal	4 3 A L e.	INSA
FATHER'S NAME		14. MOTHER'S MAIDEN N	IWa	V1. 3, 11.
			AVIL .	
FLETCHER CARPENTER		MATTIE	Tuev	
Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	1	ADDRESS ,
1/15	SECURITY NO.	Willia P	11. 11	105 2022
Ivo		ININIAN ION	V41- (6)	UE.X8 ST,
18.427.21	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	2 4	CANDIO - Res	PINNTOWI	Aus
LEADING TO DEATH	(A) IMMEDIATE CA		9	,,,,,,
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di-		A CONSEQUENCE OF:		
injury or complication which caused death.	٨			+0.000
ANTECEDENT CAUSES	Hey	DOSIS		
	(8)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	giving DUE TO, OR AS	A CONSEQUENCE OF:	. 4	
UNDERLYING CONDITION last	(c) 5 M	ICK SYNDI	vove	
11	(0/200000000000000000000000000000000000			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART (/a)				ALC: NO STREET
TO THE DEATH BUT NOT RELATED TO THE TERM	INAL			
DISEASE OR CONDITION GIVEN IN PART (A).		1004		
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	POR WHICH OPERATION	20A. AUTOPSY? (Yes at		FINDINGS CONSIDERED
		YES		
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, farm, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltima	ore City, give exact location)
DEATH (notify medical examined)	etc.)	ince pioge introkt OCCOR?		
21D. TIME (Month) (Doyf (Year) (Hour	215 fallting and areas	015		
OF INJURY		21F. HOW DID ft	AJURY OCCUR?	
(APPROX.)	While At Not While Work At Work	•		
22 11 2006 10 10 10 10 10 10		1.13	177 F31	110
22. I gertify that (1) (this hospital) atten	10 10	AT 1)	19/2 to 12	19 2
that (1) (we) last saw the deceased office			that Im(my) (our) op	Inlon death occurred on the date
ond hour and from the causes stated aba	ve (1) (We) (did) (did not)	lew the hady often dans		
23A. SIGN AT URE	1.	the budy utilet death	•	220 DATE COMES
	11 7	nding Med.	S-# -	23B, DATE SIGNED
WWW 19/	DEGREE Phy	inding Med. Director	Shaff Phys.	02-19-72
23C.PHYSICIAN'S	PEONEE	23D. ADDRESS	1 17-	
NAME ITYPE DUNE DO OVE	REE MID	Not t	10ml/	
MILL OF	DEGREE	- complete	10 Min	
A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify	4C. NAME of CEMETERY of CRI	MATORY 24D.	LOCATION IC	ity, town, or county) (State)
Remarka 12-22-121			1/2/1/	N. Candina.
A. DATE REC'D BY HEALTH REPT. 1258mM	AME OF REGISTRAP	25C. FUNERAL DIRECTO	velcon,	11,19/01/14/
FFR 9 9 1072 Pale & 8. Ja	AME OF REGISTRAR		1-1.0	ADDRESS
150-REV. 1/1/68	1 62 43	O Milton E	KIICKSON	-1127V. (911/1NS B

Vy an Email- Landered That

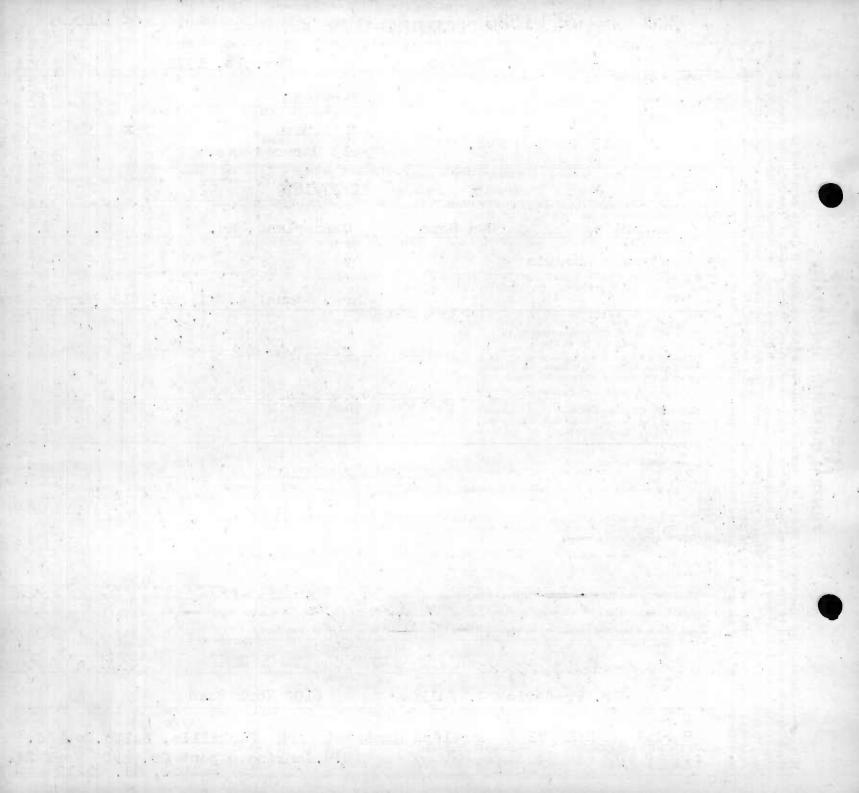
VS 150-REV. 1/1/68

10 11 the state of the s To the same

1 -121	1		BALTIMORE CITY	HEALTH	DEPARTMENT			12	01835	1
BIRTH NO.	72 01	835	CERTIFICA	TE O	F DEATH	d REC	G. NO			
1. NAME OF DEC	EASED					AND HOUR C			4 20	Λ
(Type of FRRIT)	HARI	RIET I	HALSTEAD DA	VIS		. 19,			1:30	M.
	TIMORE, MARYLAND, W			A. STAT		Where deceased DUNTY	lived. If ins	stitution: res	idence before o	dmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET		aryland or town		D. INSI	DE CITY LIM	AITS?	want?
44	UNION ME	EMORIAI	L LHOSPITAL	Be E. STRE	l timore	R		YES X	NO 🗌	
				13	37 East	North	Avenu	е		
S. SEX	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In		If Under Months D		r 24 Hrs. Min.
Female	White	WIDOWED			10,1915	57		1		
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	HPLACE (Stote of	foreign country)		12. CITIZE	N OF WHAT	OUNTRY?
Sales I	ady	Re	etail	Ba	altimore				USA	
13. FATHER'S NA				14. MOT	HER'S MAIDEN	NAME				
	John (NA	IN) Zi	ittinger		Hannah	Halst	ead			
5. Was Deceased	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT: hus	band		-	ADDRESS 21	202
? Yes	WW11		217-03-1599	H.I	ee Davi	s.137	E. Nor	th Av		
1B. / -	101		CAUSE OF DEATH			, , , ,			APPROXIMATE IN	
DISEASES ise to the UNDERLYIN OTHER SIGNI TO THE DEAL DISEASE OR C	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. II FICANT CONDITIONS COI TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PERI	any, giving stating the NTRIBUTING HE TERMINAL TO 1 (A).	(B)	A CONSE	ennec's	lcohol	ism	INDINGS C	CONSIDERED EATH?	
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B hom etc.	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of	or obout fice bldg.,	21C. WHERE DII	O (If	in Baltimore	City, give	exact location)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While tk Not Work	· 🗆	21F. HOW DID	INJURY OCCU	R?			
that (1) (Xve	last saw the decease	d alive an	he deceased from Ap February 4,	19	21 72 and					72 the date
		ed abave. (I)X(We) (Mild) (did nat) v	iew the	bady after dea	th.				
23A. SIGNATI	The state of the s	1	Atte	nding [V]	Med.	Stoff -		23B. DATE		070
23C. PHYSICI		na		3D. ADD	Med. Director	Staff Phys.		F'e D	. 21,1	912
MAME (L. Kempe	r Ower	s, M.D.	102	20 St. P	aul Str	eet.	Balt	0 2.	Md.
24A. BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY OF CRE			. LOCATION		y, town, or		(Stote)
Burial	2/22/	72 Me	adowridge C	emet	erv H	lkridge	HO!	hrau	Co M	5
	BY HEALTH DEPT.	25B NAME C		2SC.	FUNERAL DIRECTE &		CO.10	08 W.	ADDRESS	Av.1
VS 150-PEV 1/1/	AR HELDER	-			00	N. C.				



		100		HEALTH DEPARTMENT		MD 04:000
K-360	72 (1836	CERTIFICA	TE OF DEATH	REG. NO	72 01836
I, NAME OF DEC	CFA SFD			2 DATE AL	ND HOUR OF DEATH	
Type or Print)		7.7	D111			1-50
	Bertha			F'eb.	18, 1972	4.30 V.M.
3. PLACE IN BAI	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Whe A. STATE B. COUNTY) Maryland	te deceased lived. Il it	nstitution; residence before odmission)
HOSPITAL OR	ADDRESS OR LOCA	ATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
00	613 Harwo	ood A	ve.	Baltimore E. STREET AND NUMBER 613 Harwood	Ave.	AE2 X NO
S. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
F	W	WIDOWE	DIVORCED	11/27/1879	lost birthdoy) 92	Months Doys Hours Min.
	WPATION (Give kind of work working life, even if retired)	KIND KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (e or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Hous	ewife	(Own Home	Cumberland		U. S. A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
Andr				?		
Yes, no or unknown	d Ever in U. S. Armed For n) (If yes, give wor or dote	rces? es of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No					A. Wilson	, 613 Harwood Av
18. POISEA	SE OR CONDITION DI	RECTLY	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH			or Perchantas	escularuck	weever bruse
(This does	nai mean the made al	dying, e.	(A) IMMEDIATE CAT	A SONSEQUENCE OF:	water recu	6 1200
heart failure,	aslhenia, elc. Il means	the diseas		A JON SEQUENCE OF.		
injuty of car	mplication which caused	death.)	11	1 10	25/11	
	ANTECEDENT CAUSES		101/1/2xer	a consequence of:	Vouceel	- 20 3/2.
DISEASES	OR CONDITIONS, il	anv. aivii	DUE TO, OR AS	A CONSEQUENCE OF:		
	ie abave cause (A)		ne			
UNDERLYIN	G CONDITION last.		(c)	> > > 0 + > 0 + > 0 + > 0 + > 0 + > 0 + > > 0 + > > 0 + > 0	~~~~	
	11					
Z OTHER SIGNI	FICANT CONDITIONS CO	NIDIRLITIN	G			
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINA				
M DISEASE OR	CONDITION GIVEN IN PAR		D WHICH OBERATION	120 A ALIXOBEV2 (Vo. o. N.	a) 208 IE VEC WERE	EINDINGS CONSIDERED
19A. DATE O	F OPERATION 198. CON WAS PER	FORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner)		TB. PLACE OF INJURY (e.g., nome, form, foctory, street, ortc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct locotion)
0						
OF INJURY	(Month) (Doy) (Yeor)		1E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)			While At Not Whi	le 🗌		
22. I certify	y that (1) (this hospite	t) attended	the deceased fram	Jan 3	1958 to	Feb 18 1972.
that (1) (we) last saw the decease	ed alive o	1Jus	c 5 19 92 and th	nat In(my) (awr) opi	nian death accurred an the date
and havr an	d fram the causes sta	ted abave.	(1) (We) (did) (did not)	view the body after death.		
23A. SIGNAT	URE	_				23 B. DATE SIGNED
M.	111. K/7/	. //	Ath	ending Med.	Staff Phys.	7/11/01
23 C. PHYSICI.	ANE STOR	Much	DEGREE Phy	23D. ADDRESS	Phys. \square	Jeh 21, 1972
NAME	Type)	miale	T Wollman	/	nlr Pood	
4A. BURIAL CR	EMATION, 248. DATE		J. Vollmer	6100 Yo:		ity, town, or county) (State)
REMOVAL	(Specify)	22				
Buria		25B-NAAA	Moreland Mem	OPIAL PARK	rarkville,	Balto Col Md.
FEB 22	1972 Valle 8	T. Vals	e OF REGISTRAR	H.W. Jenkin	s & Sons C	o. 4905 York Rd.
		4			Balto.	Md 21212

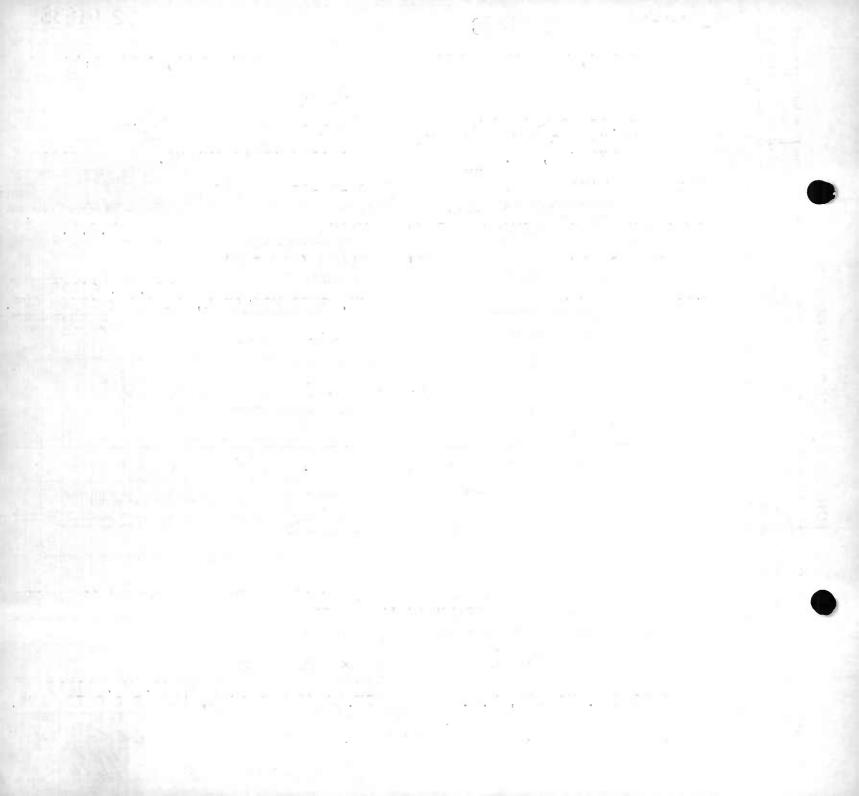


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written constant and a hospital death and be obtained before the remaining are emplained or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

RICA		HEALTH DEPARTMENT		70 0400
D-650 72 018	37 CERTIFICA	TE OF DEATH	REG. NO.	72 01837
1. NAME OF DECEASED (Type or Print)	ederick W. Br	une 2. DATE AN	19, 1972	4 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence befare odmissian)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	Maryland c. city or town	D. INSI	IDE CITY LIMITS?
Sinai Hospital		Baltimore		YES TO NO
Striat roopital		906 Poplar	Hill Road	
S. SEX 6. RACE WIDOV	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 10-15-1894	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
than USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CHIZEN OF WHAT COUNTRY
Ret'd. Chief Judge Co	urt of Appeals	Baltimore,	Md.	USA
Frederick W. I	Brune	14. MOTHER'S MAIDEN NA	me che Shoema	aker
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes (If yes, give wor or dotes of serving)	security No. 214-20-6852	Mrs. Mary	W. Brune	Same
DISEASES OR CONDITIONS, if any, givise to the above couse (A) stoting UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	(c)	A CONSEQUENCE OF:	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
	21E. INJURY OCCURRED White At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attended	ed the deceased fram	1 1/14/45	19 to 2/19	/7219
that (1) (we) last saw the deceased olive	on about one mon	th ago and th	not in (my) (our) opl	nion death occurred on the dot
and hour and from the couses stated abav	e. (1) (We) (did) (did nat) v	iew the bady after deoth.		
23A. SIGNATURE	Atte	nding K Med.	Staff	2/21/72.
23C. PHYSICIAN'S NAME (Type) Dr. Edwin B	DEGREE ""	23D. ADDRESS	nase Street	
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE C. NAME of CEMETERY OF CRE		Y	ity, town, or county) (State)
REMOVAL (Specify) Burial 2-22-72	St. Thomas		arrison Foi	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FEB 22 1972 P.C. 05 36.0	LAN O O	H-4905 York	ins & Sons	Co., Md. 21212

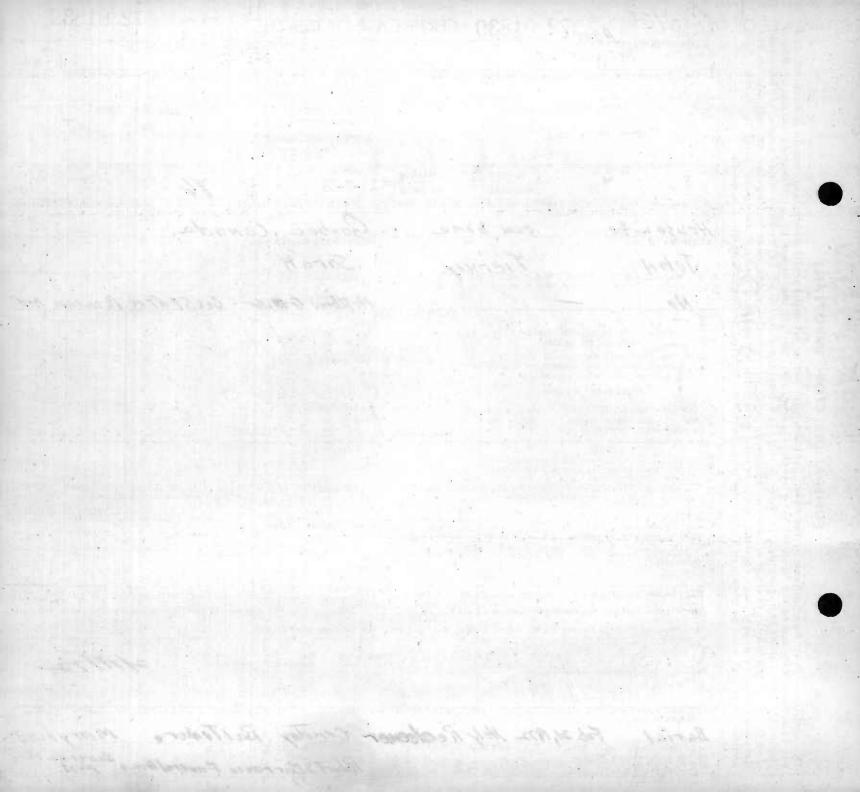
. La presidenta de la compansa del compansa de la compansa del compansa de la compansa del la compansa de la co Coute Procession & Caretton - United , C. 400 = 0 400 Ch. LLONG B. Calender LLUI Service B. Ind. B. Ind. Service

BALTIMORE CITY HEALTH DEPARTMENT	020
C-600 72 01838 CERTIFICATE OF DEATH REG. NO. 72 01	.000
1. NAME OF DECEASED (Type or Print) CAREY, MERRILL THOMAS 2. DATE AND HOUR OF DEATH FEBRUARY 21, 1972 2:	45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence	
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND	53
INSTITUTION C. CITY OR TOWN ID INSIDE CITY HMTS?	British St.
ST. AGNES HOSPITAL RAITIMORE VESTY	0
WILKENS & CATON AVENAUE E. STREET AND NUMBER	
BALTIMORE, MD. 1931 GRIFFIS AVENUE.	21230
MALE WHITE WIDOWED DIVORCED 09-08-11 Ost birthdoy) Months; Oays	If Under 24 Hr
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or favoire, country)	HAT COUNT
done during most of working life, even if refired) SUPER INTENDENT SHERWOOD FEED & MARYLAND U.S.	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ADOLPHUS CAREY DEC'D ELLEN (JOHNSON)	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT BALTO, MD ADDRES SECURITY NO.	200
YES WW 2 ST. AGNES HSOPITAL, WILKENS & CA	
	MATE INTERVAL
	INSET AND DEA
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CXUSE DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES Chronic Obstructive Pulmonary Juscase	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the	
UNDERLYING CONDITION last. (C)	
	0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Right upper love Pneumonites due to Klassiella-	Paula
▼ OISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?	RED
NO NO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR?	otion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(LAPPROX)	
22. I certify that (I) (this hospital) attended the deceased from JANUARY 24 19 /2 to FEBRUARY 12	19 /2
that (1) (we) last saw the deceased alive an FERNIARY 12 19.72 and that in (my) (our) apinion death accurr	ed an the do
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE 23B. DATE SIGNED	
Goseph H. Miller, M. Begree Phys. Attending Med. Stroff Director Phys. 2-21-7	7
22C 9HVS CIANS	
OVA CHELAL CERMANIAN DAY	
REMOVAL (Specify)	(State)
Dunal 2/24/72 Eldar Hell Cem - Ame Arundol Co.	me
FEB 28 1972 Cabe S. Name of registrar 25c. Funeral director Lower Land	Charle
- I work with the state	



the body was released to the haspital by a medical examiner. Also, if the direct ar contributing cause af death shows: (1) An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance an the deceased priar to death); and (6) Na physician was in regular attendance on the deceased priar to death. Such This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and

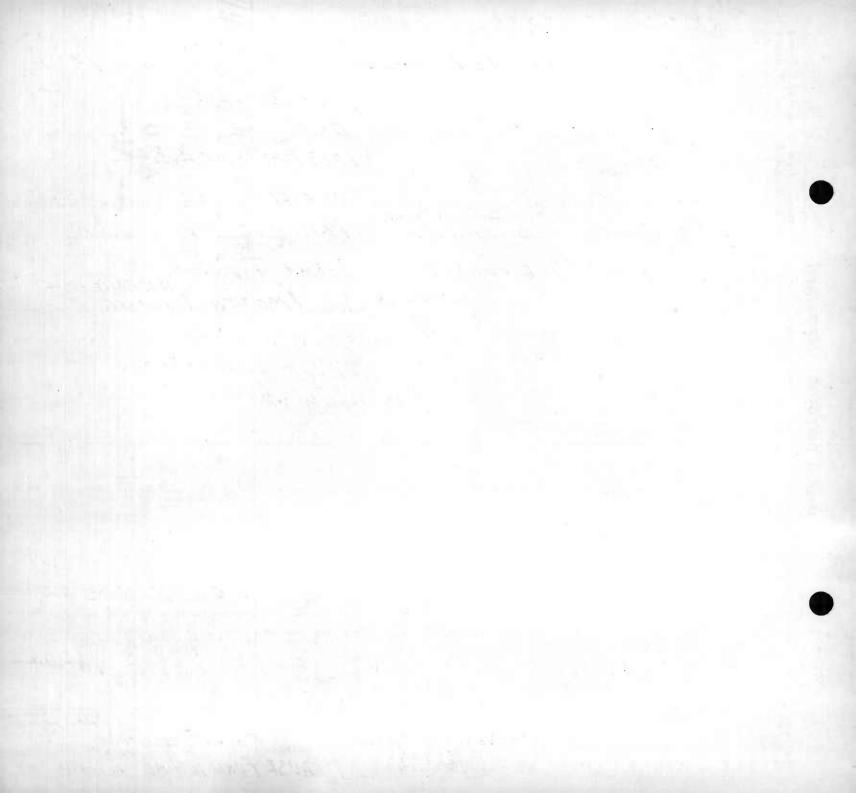
1	1111	7		BALTIMORE CITY	HEALTH DEPARTMENT	- / pro No	72 01830
BIRTH	NO.	Agre 72 Mary Mueller	01839	CERTIFICA	TE OF DEATH	REG. NO	12 01000
.NAP	or Print)	Mary Mueller				18-72	1 1:1:5
3. PL/	ACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If i	institution: residence before admiss
HOSP	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	AA	SIDE CITY LIMITS?
N 2 II	τυτιον Μ _Φ	rcy Hospital		1	Pasadena		YES NO NO
3	7	reg neoproar			Box 57 Rt	. 1h	
SEX	· F	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Mir
			WIDOWED	DIVORCED	10-1-05	-86	
		JPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUN
140	THER'S NA	ife	OWN B	ome	Guebec 1 C	angda.	
30 FA	T /	WE .	-		14. MOTHER'S MAIDEN NA	ME	
5. Wa	OF IV	Ever in U. S. Armed For	1105	NEY 16. SOCIAL	Jarah 17. INFORMANT		ADDRESS
es, n	a ar unknown	(If yes, give war ar date	s of service)	SECURITY NO.	Av		
120	No			CAUSE OF BEAT	Ma Tihew G. Mulle	r - Box 57	RT 14 Pasadeva A
18	710	7.41		CAUSE OF DEAT	н	00	BETWEEN ONSET AND DE
	DISEAS	SE OR CONDITION DI	RECTLY		Honet	Pai Vuo	
		at mean the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	UI COUNTY	220040000000000000000000000000000000000
		osthenio, etc. It meons plication which caused		1 -	71		
		ANTECEDENT CAUSES		Hrry	Umia-CI	/ D.	
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
		obove couse (A) G CONDITION lost,	stoting the	(c) Pork	Swow 1) se	wal-	
		11		(- / - / - / - / - / - / - / - / - / -			
		CANT CONDITIONS CO					
4 DI	15EASE OR C	ONDITION GIVEN IN PAR	T 1 (A).		20 A ALIZABAYA (V N.	V 000 15 No.	
ERTIFIC	A. DATE OF	OPERATION 198. CON WAS PER		HICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
J 21	A ACCIDENT CONTRIBLE EATH (notify	NT WAS UNDERLYING DING CAUSE OF	21 B. hame etc.)	PLACE OF INJURY (e.g., i e, farm, factory, street, a	n ar about 21 C. WHERE DID	(If in Boltimo	are City, give exact location)
m 10	D. TIME	(Manth) (Day) (Year)	(Hour) 21E,	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
>	APPROX.)		Whil Work	e At Not While	e 📮		
22	2. I certify	that (1) (this haspital) attended th	e deceased from	119/77.	19 to 2 -	18-72. 19
		last saw the decease		1 10 -1	1 121 / 1		olnian death occurred an the
				0 , .	lew the bady after death.		
	A. SIGNATU		(1,/)				23B, DATE SIGNED
11	La	MIL! MI	DX164	. Atte	ending Med. Director	Staff Phys.	2/18/22
23	NAME IT	N'S YPE	MALE		23D. ADDRESS		
	BURIAL CRE		24C.NA	ME of CEMETERY OF CR	EMATORY 24D. L	OCATION (6	City, town, or county) (Stat
	REMOVAL (8-2- 1/	1. 2 .1.	7	217.5	1
15A. I	DATE REC'D	BY HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	Dallomor	ADDRESS
FI	FB 22	1972 22 05	300.	NO 0 0	Bhote 10 50	wee Fauer	al Home Severna 1
E 1 C	O DEV 1/1/	CO CONTRACTOR CO	Acres 18		116 MAN JULY B	TVCA 1-HNEN	4 11010 1001.



IMPORTANT

DIRECTOR:

FUNERAL

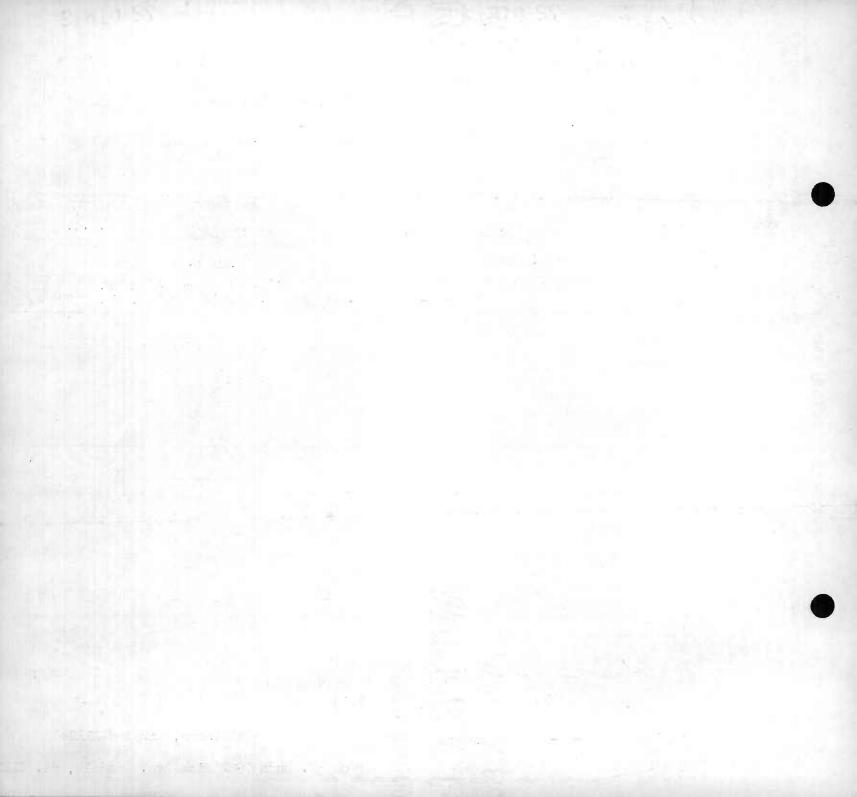


6	N-25	6 40	1841	CERTIFICA			REG. NO	72 01841	
1. N	TH NO.		17047	CERTIFICA	TL OI		ID HOUR OF DEATH	0.7047	
Тур	e or Print)	GRACE C		WAGN			uary 16, 1		
FUI	LL NAME OF	(IF NOT IN HOSPIT		TUTION, GIVE STREET	A. STATE	Maryland	TY L	atitution: residence before odmission	
NS	MOITUTE	Amberwood F			C. CITY O	rown Baltimor		DE CITY LIMITS?	
	0002	mber wood 1	oau,	Apv. A-Z	E. STREET	AND NUMBER	6	YES X NO	
6						6002 Amb	erwood Roa	ad Apt A-2	
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE O	BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months; Days Hours Min.	
	Female	White	WIDOWED			28,1890	81		
done		vorking life, even if retired)	108. KIND C	Home		ysburg,		12. CITIZEN OF WHAT COUNTRY	
13. 1	FATHER'S NAA	A E				ER'S MAIDEN NAM			
		George (riffi	n .		Rosa Roj	yston		
Yes	Was Deceased , no or unknown)	Ever in U. S. Armed For (If yes, give wor or date	ces? s of service)	16. SOCIAL SECURITY NO. 218-32-3147	Mrs. 1		lsharoon-6	ADDRESS 002 Amberwood 1	
	(This does not meon the mode of dying, e.g., heart lating ostherio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. (C)					tie C-V	Direces	1940	
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION [19B. CONDITION FOR WHICH OPERATION					TOPSY? (Yes or No		INDINGS CONSIDERED	
ERTIF	0	WAS PER			IN CERTIFYING CAUSES OF DEATH?			ISES OF DEATH?	
0	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.)				n or obout 2 fice bldg., II	C. WHERE DID	(If in Soltimore	City, give exact location)	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (APPROX.) White At Work			E. INJURY OCCURRED hile At Not While ork At Work	of While I Work				
	22. I certify that (I) (this hospital) attended the deceased from furning 19 of to filming (19 7 v that (I) (we) lost saw the deceased alive on furning (19 7 v and that in (my) (19 ond that in (my)								
	23A. SIGNATU		ed gbove.	(i) (a o) (aid (did not) (new the bo	ay offer death.		23B. DATE SIGNED	
	23C.PHYSICIAN'S					Med. Director	Staff Phys.	V/18/72	
	NAME (T)	A. Alle	n Spie	er, M.D.		501 Pent			
24A	REMOVAL (S	Pecify) 24B, DATE	24C. N	NAME of CEMETERY OF CR	MATORY			y, town, or county) (Stote)	
E	ntombme				soleu	m B	altimore,	Maryland ADDRESS	
ZDA	. DATE REC'D	BY HEALTH DEPT.	ZOB. NAME	OF REGISTRAR	25C. FL	NERAL DIRECTOR			
	FF822	1972 0 4 6	E. Jal	Rie M. D. C.				nc., Balto., Md	

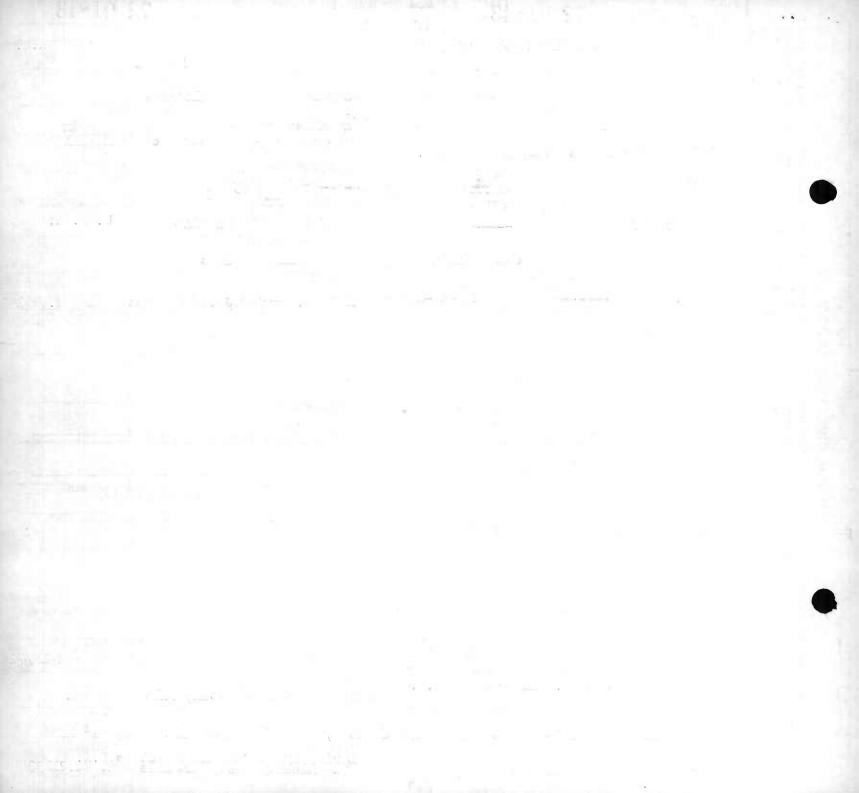
- OF CHARLES OF BOTTOM SERVICE POOR AND THE PROPERTY OF THE PARTY O

FUNERAL DIRECTOR: IMPORTANT

M-635 72 0:	1046					
	(CERTIFICA	TE OF DEATH	REG. NO	IK	01842
. NAME OF DECEASED Catherine M.	Martin		2. DATE AN	D HOUR OF DEAT	Н	
Type or Print) CATHERINS				12-72		7:30 P:
B. PLACE IN BALTIMORE, MARYLAND, WHERE P			4. USUAL RESIDENCE (When	e deceased lived. If	institution: re	
			A. STATE B. COUN	TY	h.	1000
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION,	GIVE STREET	Wapyland ()	17901	50	0
NSTITUTION MARYLAND			C. CITY OR TOWN	D. IN	ISIDE CITY L	
	GEN!	SOUTL	39LT.	7.0.1.0	YES 1	NO [
TO HOSPITA	94.		E. STREET AND NUMBER 6	13 48th St	reet B	
	ARRIED NEV	ER MARRIED		9. AGE (In years lost birthdoy)	If Unde Months	r 1 Yr. If Under 24 Hr Doys Haurs Min.
ATTE OC	OWED	DIVORCED	08-06-40	31		
OA, USUAL OCCUPATION (Give kind of wark 10B, KI	IND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12, CITI	ZEN OF WHAT COUNT
	rofit Fo	od Co.	West	Virginia		U.S.A.
3. FATHER'S NAME	1011010	04 00.	14. MOTHER'S MAIDEN NAM			
Byrne W. Mo	CAVOV				h: 77:-	
				Mary L. P		
5. Was Deceased Ever in U. S. Armed Farces? Tes, no or unknown) (If yes, give wor or dotes of se	ervice) 1 6. SO	CURITY NO.	17. INFORMANT Husba		48th	ST.
No	219	-38-9813	Mr. Kenneth R.	Martin B	alto.	Md. 21224
18. / 7.44 X	- C	AUSE OF DEATH			1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	v					BETWEEN ONSET AND DEA
LEADING TO DEATH			METASTATT	C CARO	7 Nom	+
(This does not mean the made of dying,	, e.q.,	(A) IMMEDIATE CAU	SEMSTASTATI			
heart failure, asthenia, etc. It means the di		DUE 10, OR AS I	CONSEQUENCE OF OF	BREA	ST	
injury ar camplication which caused death.	.)				1	
A SIMP COMMENT OF STATE						
ANTECEDENT CAUSES		(0)			1.00	
DISEASES OR CONDITIONS, if any,	giving	(B)	A CONSEQUENCE OF:			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating		(B)	A CONSEQUENCE OF:			
DISEASES OR CONDITIONS, if any,		(B)	A CONSEQUENCE OF:			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.	g the	(B) DUE TO, OR AS	A CONSEQUENCE OF:			
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BIRTH NO.	2 01843 CERTI	
1. NAME OF DECEASED Ada 1Type or Print)	Elizabeth Hewing	2- 18-72 2/18/72 4:50
3. PLACE IN BALTIMORE MARYLA		4. USUAL RESIDENCE IWhere deceased lived. If Institution: residence before
FULL NAME OF HOSPITAL OR ADDRESS OF INSTITUTION	HOSPITAL OR INSTITUTION, GIVE STR R LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	RIAL HOSPITAL spital, Baltimore, Md.	Randallstown YES NO. Rusty Rock Road, 21 3606 RASTY ROCK ROAD, 21
F F W W	7- MARRIED NEVER MARR WIDOWED X DIVOR	ED 6-9-86 1058 5 100 100 100 100 100 100 100 100 100 1
done during most of working life, even it s Housewife	of work 108, KIND OF BUSINESS OR IN	A AR YLAN Baryland PHERICS
13. FATHER'S NAME	Chamberlain	14. MOTHER'S MAIDEN NAME Sally Banks
15. Wes Deceased Ever in U. S. Am (Yes, no or unknown) [If yes, give war	or dates of service) 16. SOCIAL SECURITY N	17. INFORMANT ADDRESS
No	218-22-1 CAUSE 0	ALVIII N. Hawing, or ., 5000 husey noak .
Ithis does not mean the man heart failure, asthenic, etc. it injury or complication which a ANTECEDENT CADISEASES OR CONDITIONS itself to the above cause UNDERLYING CONDITION to	de of dyling, e.g., means the disease, coused death.) AUSES If any, giving DUE 10 DU	CHF O, OR AS A CONSEQUENCE OF: Probable H
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ANTECEDENT CA	de of dying, e.g., means the disease, coused death.) AUSES 6, if any, giving DUE 10 (a) stating the list. (C)	O, OR AS A CONSEQUENCE OF: Probable H
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ANTECEDENT C. DISEASES OR CONDITIONS dise to the above cause UNDERLYING CONDITION to OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 199 UNDERLYING TO PERATION 199 OR CONTRIBUTING TO CAUSE OF	de of dyling. e.g., means the disease, coused death.) AUSES (a) If any, giving DUE TO DUE T	O, OR AS A CONSEQUENCE OF: CHF O, OR AS A CONSEQUENCE OF: Probable IN 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? RY (e.g., in or about 21 C. WHERE DID street, office bidg., INJURY OCCUR? RED 21 F. HOW DID INJURY OCCUR?
ANTECEDENT C. DISEASES OR CONDITIONS dise to the above cause UNDERLYING CONDITION to OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN TO THE DEATH BUT NOT RELATE OF CONTRIBUTINO GIVEN TO THE DEATH (NOT THE CONTRIBUTION GRADE C	de of dyling. e.g., means the disease, coused death.) AUSES (a) If any, giving DUE TO DUE T	O, OR AS A CONSEQUENCE OF: CHF O, OR AS A CONSEQUENCE OF: Probable 17 IN 20A AUTOPSY? (Tes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? RY (e.g., in or obout 21 C, WHERE DID (If In Baltimare City, give exact location sheet, office bidg., INJURY OCCUR? RED 21 F. HOW DID INJURY OCCUR? Not While At Work 19 72 to 2-18
ANTECEDENT C. DISEASES OR CONDITIONS rise to the above cause UNDERLYING CONDITION to OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 199 OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY (APPROX.) 22. I certify that (I) (this had that (I) (we) lost saw the de-	means the disease, coursed death.) AUSES If any, giving (A) stating the list. AUSES IN CONTRIBUTING (C) AS CONTRIBUTING (C) AS CONDITION FOR WHICH OPERATION FOR	O, OR AS A CONSEQUENCE OF: C HF O, OR AS A CONSEQUENCE OF: Proba ble H IN 20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? RY (e.g., in or about 21C, WHERE DID (If In Baltimare City, give exact lacation street, office bidg., INJURY OCCUR? RED 21 F, HOW DID INJURY OCCUR? Not While At Wark 19 72 and that Irr(my) (aur) apinion death accurred
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Such

a hospital and

1		BALTIMORE	CITY HEALTH DEPARTMENT	
-525 BIRTH NO.	72 0	1844 CERTIFIC	CATE OF DEATH	reg. No. 72 01844
I. NAME OF DECEA	SED		2. DATE AND HOU	R OF DEATH
(Type or Print) M	ARIE A.	JOHNSON	FEB 18.	1972 3:45 P.M.
		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deced A. STATE B. COUNTY	sed lived. If institution: esidence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	1745 E. COVINGT	D. INSIDE CITY LIMITS?
		ENERAL HOSPITAL		YES NO NO
3001 8.	HANOVER S	TREET	E. STREET AND NUMBER	113 [2]
	E, MD 212	- 30	1745 E. COVINGS	TON ST.
5. SEX 6.	RACE	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. If Under 24 Hrs.
F	W	WIDOWED DIVORCED	9-12-96 lost birt	75
done during most of wor		108. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNTRY?
Housewife	king me, even il remed,	Homemaker-	Mo	4.5.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
FRANK N	NETZLER		? Mary	Christian
15. Was Deceased Ev	et in U. S. Armed Force yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Hus band	ADDRESS
No	yes, give wor or acies	Unknown	James C. Johnson 17	745 E. Covington St. 21230
18. 5 7 7	7 () [CAUSE OF D	EATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not heart foilure, as injury at campli AN DISEASES OR rise to the	OR CONDITION DIRE ADING TO DEATH mean the mode of thenia, elc. II means it calian which coused of TECEDENT CAUSES CONDITIONS, if a above couse (A) CONDITION last.	dying, e.g., (A) MMEDIATE DUE TO, OI death.) (B) DUE TO, OI death.)	CAUSE AS A CONSEQUENCE OF: CONTE Paverentite R AS A CONSEQUENCE OF: LUMANIA	
	11			
TO THE DEATH I DISEASE OR CON 19A. DATE OF OI 21A. ACCIDENT OR CONTRIBUTION	WAS UNDERLYING D	E TERMINAL 1 (A). 2 TO STATE OF THE PLACE OF INJURY (a home, form, foctory, street	20A. AUTOPSY? (Yes or No) 20B, IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
DEATH (notify m	edicol exominer	etc.)		
S OF INJURY	Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED While At Not	While	CUR?
(APPROX)		Work At V		
22. I certify the	ot (1) (this hospital)	ottended the deceased fram_	2-1 1978	2 to 2-18 1972
that (1) (we) la	st sow the deceased	d alive on 2 - 18	7 7 7	ny) (our) apinion death accurred on the date
and hour ond fo	rom the couses state	ed obave, (I) (We) (did) (did no	t) view the bady after death.	
23A. SIGNATURE	0,,,			23 B. DATE SIGNED
	Dulespe	NAS DEGREE	Attending Med. Staff Phys.	2-18-72
NAME (Type	5)		23D. ADDRESS	
JOSE.	M. PRESB	ITERO M.DOE	GREE South Balte	more General Hospital
24A. BURIAL CREMA REMOVAL (Spe		24C. NAME of CEMETERY of	CREMATORY 24D. LOCATIO	N (City, town, or county) (State)

ltimore,

25C. FUNERAL DIRECTOR

Maryland

Fort Avenue

ADORESS

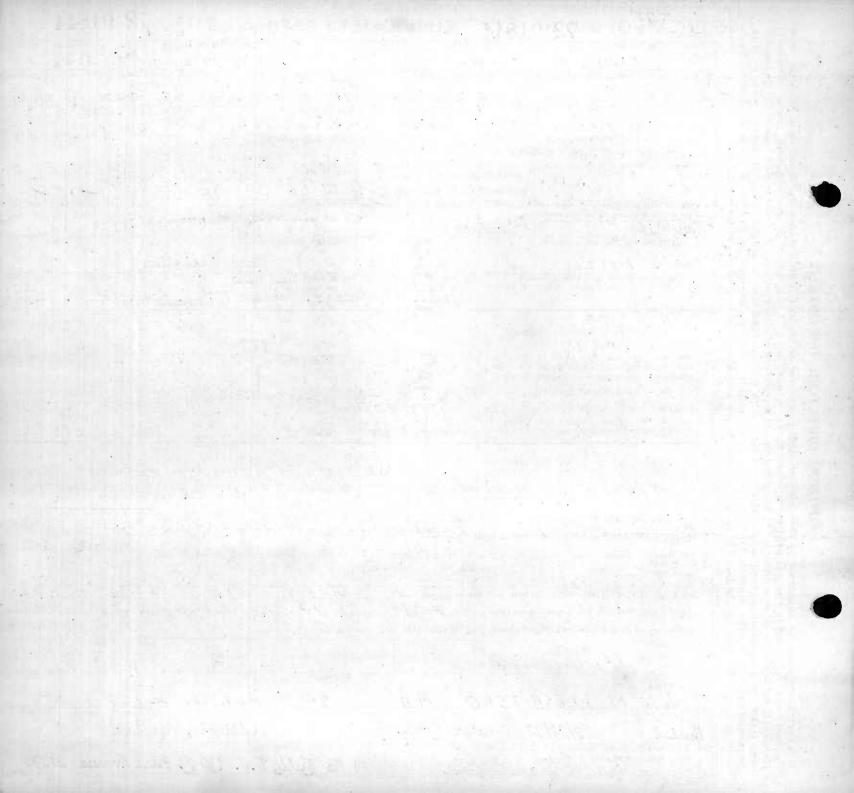
21230

VS 150-REV. 1/1/6B

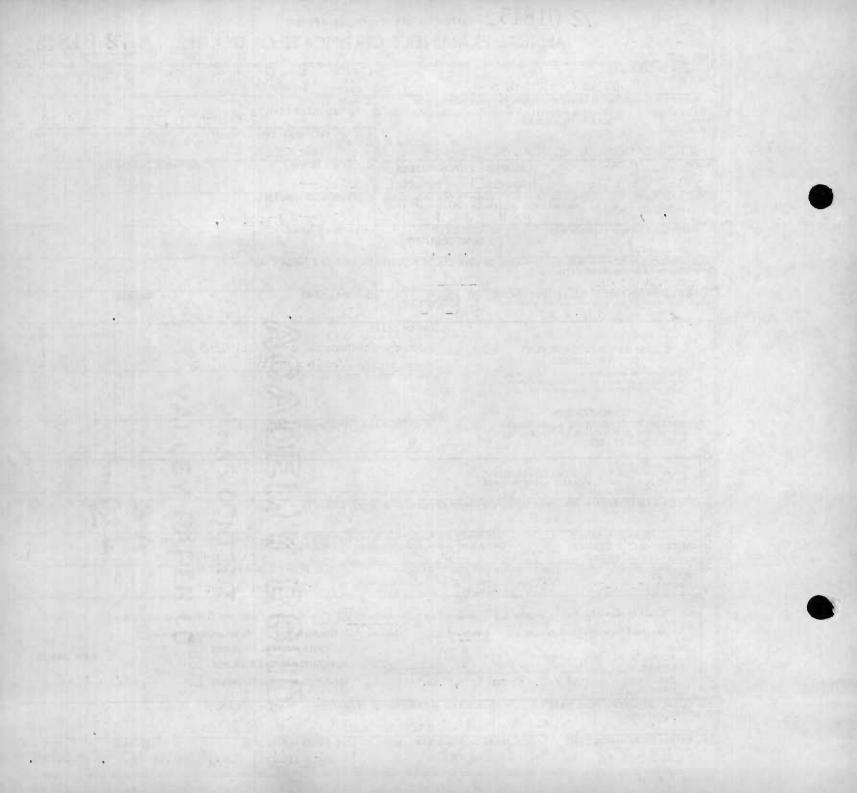
REC'D BY HEALTH DEPT

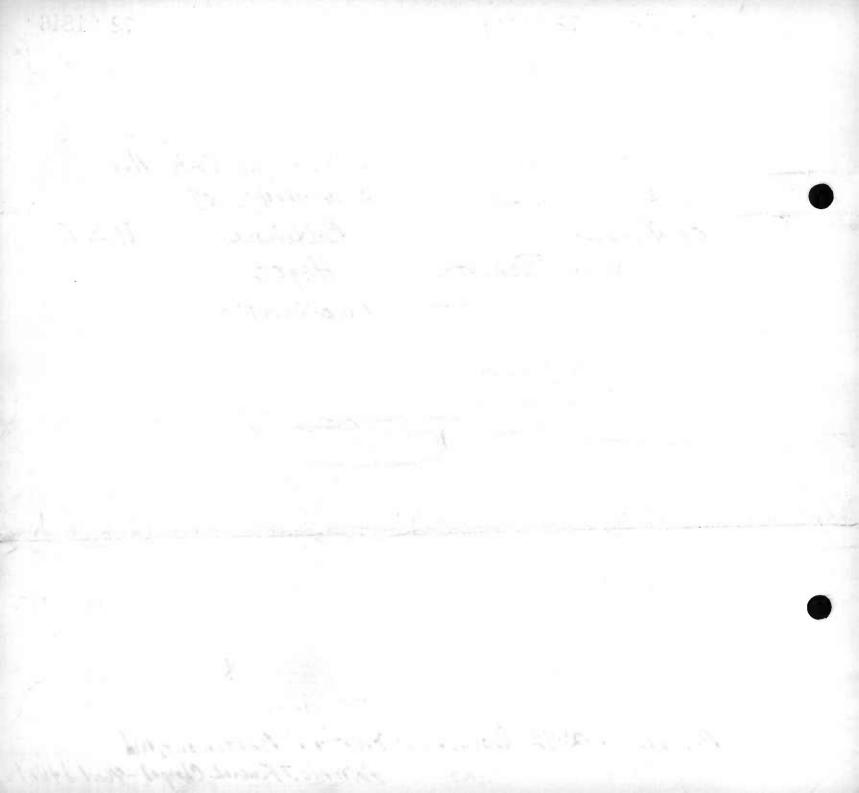
Western Cemetery

25B, NAME OF REGISTRAR



72 0189	BALTIMORE CITY HE	ALTH DEPARTMENT	
K-142 MEDIC	AL EXAMINER'S	CERTIFICATE OF DEATH	1 REG. NO. 72 01845
1. NAME OF DECEASED		2. DATE Known Menth	Day Year Hour
(Type or Print) ANDREW RUBE	BLES	OF DEATH Estimated	
4. PLACE IN BALTIMORE, MARYLAND, WHER		3. DATE Month	Day Yeor Hour
	NINSTITUTION, GIVE STREET	PRONOUNCED DEAD February	
OR INSTITUTION	y	5. USUAL RESIDENCE (Where deceased live	
SOUTH BALTIMORE GENERAL	ΙΑΤΤΟΣΟΗ	A. STATE Maryland B	COUNTY) LL D LA
	MARRIED NEVER MARRIED	H	D. INSIDE CITY LIMITS?
		Baltimore	
9. DATE OF BIRTH 10.AGE (In year		11	YES NO NO
Sort 11 1011 losi birthdoy)	Months Doys Hours Min.		
11. BIRTHPLACE(Stote or foreign country)	12. CITIZEN OF	1523 Byrd America) t.	
Maruland	WHAT COUNTRY?		
14A.USUAL OCCUPATION (Give kind of work) 14B.	CIND OF RUSINESS OF INDUSTRY	Unknown	
done during most of working life, even if relired)	MITO OF BOSHTESS ON HIDOSIN		
Longshoreman 16. WAS DÉCEASED EVER IN U.S. ARMED FOI	RCES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	rvice) SECURITY NO.		
1100 111 77	215-03-5055	Mildred V. Rubbles 15.	
1 × 8 8 01 X	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		pneumonia complicating	
(This does not mean the mode of dylog of	(A)IMMEDIATE C	CAUSE Craniocerebral Injur	у
(This does not mean the mode of dying, a heart foilure, osthenio, etc. it means the disectingury or complication which coused death.)	ose, DUE 10, OR	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES	(B)	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIV	THE DUE TO, OK	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TO DISEASE OR CONDITION GIVEN IN PART 1 204. DATE OF OPERATION 208. CONDITION			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T	TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1			
20A. DATE OF OPERATION 20B. CONDITI	ON FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
			yes
O UNDERIVING FOR CONTRIB	home, form, foctory, street, office	In or obout 22C. WHERE DID (If In Boltimore bldg., etc.) INJURY OCCUR?	City, give exoct locotion)
UTING CAUSE OF DEATH.	Home	1523 Byrd Avenu	ie de la
I OF INTURY	Hour) 22E.INJURY OCCURRED		77
	Pm. WHILE AT NOT AT W	WHILE Fell down steps	
23.	п. п.		
I certify that I held an Inquir			
resulted from: Natural causes	Accident X Suicid		ed manner
ACTUAL A	11/1/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE / LUCA /	1 km MD	ASSISTANT MEDICAL EXAMINER	XI
EXAMINER'S Ronald N. R	Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	2/20/72
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			
254 DATE PECID BY HEALTH DEBT	Baltimore Cen		
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Mc Cully Funeral	Homes 130 E. Fort Ave.
VS 151-REV. 1/1/68	(1) 10	0 4 4	





was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

W-652 72 01847 CERTIFICA	TE OF DEATH REG. NO.	
BIRTH NO.	CIE OI DEATH	72 01847
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Pant) WARNICK, CARRIE KATHERI	NE FEBRUARY 19, 19	9:50A .m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If instit	ution; residence before admission)
FULL NAME OF IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR ADDRESS OR LOCATION)	MARYLAND CITY	21223 2003
Name of the second seco	H D A L T L L O D E	ES NO
4-0 ST AGNES HOSDITAL	E. STREET AND NUMBER	
ST. A GNES HOSPITAL	629 SOUTH PULASKI ST.	
5. SEK 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	f Under 1 Yr. If Under 24 Hrs.
FEMALE CAUCASIAN WIDOWED X DIVORCED	08 19 90 lost birthday A	Nonths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	MARYLAND	U.S.A.
10.000		0.5.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HARRY SMITH	HANNAH (SCHONFELDER)	
15. Wee Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMAN WILKENS AVES. BAL	TO ADDRESS 21220
	ST. AGNES HOSPITAL RECOR	
IB. 230,51 4 2 CAUSE OF DEAT		APPROXIMATE INTERVAL
Injury or complication which caused death.) ANTECEDENT CAUSES	USE NO PLASM & STO & A CONSEQUENCE OF: 6 A CONSEQUENCE OF:	Siver
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	be tes melitus	
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	and less market	
CIDISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSTR (Yee or No.) 20 B. IF YES, WERE FIN	DINGS CONSIDERED
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19B CONDITION FOR WHICH OFERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY 1e.g., lord, street, of DEATH Indiffy medical examined	NO No Or No) 208. (F YES, WERE FIN NO CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH? City, give exact location)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 1c.g., loome, form, foctory, street, e etc.) 21D. TIME (Month) (Doy) (Yeor) [Hour) 21E, INJURY OCCURRED	In or about 21C. WHERE DID (If In Boltimore Consider bidg.) 21E. HOW DID INJURY OCCUR?	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined 21B. PLACE OF INJURY 1c.g., home, farm, factory, street, etc.) 21D. TIME (Month) (Doy) (Year) 1Hour) 21E, INJURY OCCURRED OF INJURY 21D. TIME (Month) (Doy) (Year) 1Hour) 21E, INJURY OCCURRED While At Not While	20A AUTOPSTR (Yee or No) 20B. (F YES, WERE FIN IN CERTIFYING CAUSE IN Or about 21C. WHERE DID INJURY OCCUR?	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY 10-cg. 1 home, farm, factory, street, of the contribution of contribution	20A AUTOPSY? (Yee or No) 20B. (F YES, WERE FIN IN CERTIFYING CAUSI in or about 21C. WHERE DID (If in Boltimore Constitution bidge injury occurs) 21F. HOW DID INJURY OCCUR?	City, give exact location)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21E PLACE OF INJURY 10.00. 100 1	20A AUTOPST? (Yee of No) 20B. (F YES, WERE FIN NO IN CERTIFYING CAUSION OF ADOUGH STORY OCCUR? 21E HOW DID INJURY OCCUR?	City, give exact location)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21E PLACE OF INJURY 10.00. 100 1	20A AUTOPST? (Yee of No) 20B. (F YES, WERE FIN NO IN CERTIFYING CAUSION OF ADOUGH STORY OCCUR? 21E HOW DID INJURY OCCUR?	City, give exact location)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21E PLACE OF INJURY 10.00.00 CONTRIBUTING CAUSE OF DEATH Inotify medical examined 21D.TIME (Month) (Day) (Year) 1Hour) 21E INJURY OCCURRED While At Not Whith Work Not Whith At Work Not Wor	20A. AUTOPSY? (Yee or No) 20B. (F YES, WERE FIN NO IN CERTIFYING CAUSE IN CERTIFYING C	JARY 19 19 72
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 21E PLACE OF INJURY 10.00. 100 1	20A AUTOPST? (Yee or No) 20B. (F YES, WERE FIN NO) IN CERTIFYING CAUSION OF AUGUST (If in Boltimore Coffice bidge INJURY OCCUR? 21E HOW DID INJURY OCCUR? 19 72 ond that In (fny) (our) apinion of the body after death.	JARY 19 19 72
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING home, farm, foctory, street, e etc.] 21A-ACCIDENT WAS UNDERLYING	20A. AUTOPSY? (Yee or No) 20B. (F YES, WERE FIN NO) IN CERTIFYING CAUSION OF A COURT (If in Boltimore Court of the bidge in JURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 72 ond that In (fny) (our) apinion of the body after death.	JARY 19 19 72 on death accurred on the date
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING CAUSE OF DEATH Inotify medical examines) 21D-YIME (Month) (Doy) (Year) [Hour) 21E INJURY OCCURRED OF INJURY 1APPROX.) 22. I certify that (X) (this hospital) attended the deceased from that (Y) (we) lost saw the deceased alive on FEBRUARY 19 ond hour and from the couses stated above. (X) (We) (did) (A) (X) (X) (Y) (23A-SIGNATURE) 23A-SIGNATURE	20A. AUTOPST? (Yee or No) 20B. (F YES, WERE FIN NO) IN CERTIFYING CAUSI IN CERTIFYING CAUSI (If In Boltimore Coffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? EBRUARY 13, 19 72 to FEBRUARY 14, 19 72 to FEBRUARY 15, 19 72 to FEBRUARY 1	JARY 19 19 72 on death accurred on the date
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OFERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDESTYING CAUSE OF CONTRIBUTING CAUSE OF DEATH Inotify medical examined 21A-ACCIDENT WAS UNDESTYING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUS	20A. AUTOPST? (Yee or No) 20B. (F YES, WERE FIN NO) IN CERTIFYING CAUSI IN CERTIFYING	JARY 19 19 72 on death accurred on the date
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined DISEATH INOTITY DISEATH INOTITY	20A. AUTOPST? (Yee or No) 20B. (F YES, WERE FIN NO) IN CERTIFYING CAUSING OF AUTOMOTION OF AUTOMOTIO	JARY 19 19 72 on death accurred on the date SIGNED 12 19 72
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Incitive medical examinest 21B. PLACE OF INJURY Inc., inches, farm, factory, street, entry of Contributing Cause of Cause	20A. AUTOPST? (Yee or No) 20B. (F YES, WERE FIN NO) IN CERTIFYING CAUSING IN OF A COURT (If In Boltimore Court in Certifying Causing Causing In Certifying Causing Causing Causing In Certifying Causing	JARY 19 19 72 on death accurred on the date SR. DATE SIGNED 12 19 72 LTO., MD. 21229 town, or county) (State)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY I.e.g., form, factory, street, of the process of t	20A. AUTOPST? (Yee or No) 20B. (F YES, WERE FIN NO) IN CERTIFYING CAUSING IN OF A COURT (If In Boltimore Court in Certifying Causing Causing In Certifying Causing Causing Causing In Certifying Causing	DARY 19 19 72 on death accurred on the date SR. DATE SIGNED D2 19 72 LTO., MD. 21229 town, or county) (State) TMORE, MD.

THE PARTY OF THE P

VS 150-REV. 1/1/68

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

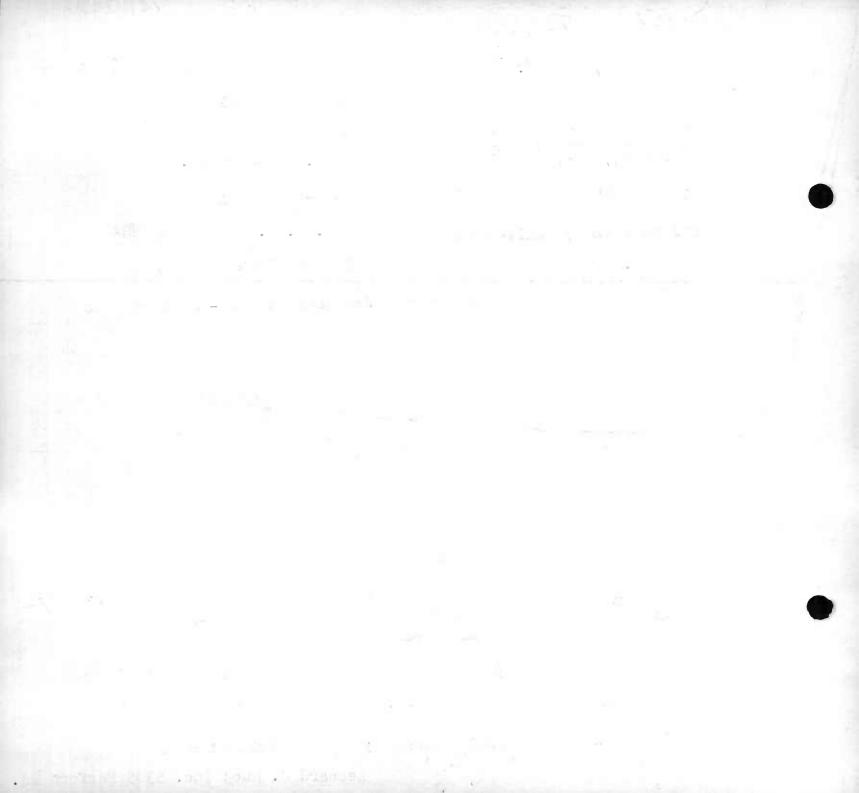
(rela)	20 0	BALTIMORE C	ITY HEALTH DEPARTMEN	NT	72 01849
5-140	72 018	49 CERTIFIC	ATE OF DEAT	H REG. NO.	76 01010
1. NAME OF DECEASED			12. DA	TE AND HOUR OF DEA	TH
(Type or Print) 608	bE1, 6	EDRGE K		- 19 -	72 1 11 Am.
3. PLACE IN BALTIMORE, A	MARYLAND, WHERE F		14 USUAL RESIDENCE	(Where deceased lived, I	I institution residence before admission)
FULL NAME OF OF	OT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARY 18	CAD	2/45
HOSPITAL OR ADD	RESS OR LOCATIONS		C. CITY OR TOWN		NSIDE CITY LIMITS?
1	. /	11	Balt M	- 40	YES X NO
UNION ME	MORIAL	HOSPITA/		CARTER I	AVENUE
5. SEX 6. RACE	7- MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	ti Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
/~/	WIDO] 5-24-U.	3 68	9
done during most of working life,		ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or toleign country!	12. CITIZEN OF WHAT COUNTRY?
Machinist		Retired	GEK 1	1444	U.S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDE	NNAME	
MR. 68	ORGEK.	GOEBEL		Reitz	
15. Was Deceased Ever in U. (Yes, no of unknown) (If yes, gi	. S. Armed Forces? ive war or dates of ser	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No o		214-01-23	26 Mrs. Mar	ie G. Goebe	
18.4-10,9	1	CAUSE OF DE	****		BETWEEN ONSET AND DEATH
	NDITION DIRECTLY		CAUSE CARD	Var ARR	EST
(This does not mean	the mode of dying,		AS A CONSEQUENCE OF:	700 /	
heart failure, astheria, injury or complication	etc. It means the dis which caused death.)	sease,		1.1.	
ANTECED	ENT CAUSES	m AGU	ITE MYON	earch'd/	Lauferetion
DISEASES OR CONE	OITIONS, If any,	DUE TO, OR	AS A CONSEQUENCE OF:		
rise to the above		the INART	ERIOSCIE	EROSIS C.	. V. Insease.
	11				
O OTHER SIGNIFICANT CO					
TO THE DEATH BUT NO DISEASE OR CONDITION	GIVEN IN PART 1 (A).		100.0	W.W. 000 12 220	
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 1794. DATE OF OPERATE 1214. ACCIDENT WAS U	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING C	AUSE OF	218 FLACE OF INJURY (e. home, farm, factory, street etc.)	g, in or about 21 C. WHERE office bldg, INJURY OCC	OID (If in Bolti	imare City, give exact location)
	1Doyl (Year) House	21 & INJURT OCCURRED	21F. HOW D	ID INJURY OCCUR?	
(APPROX)		While At W	Vhile O		
22. I certify that (1) (this hospital) atten	ided the deceased fram	2-18	19 72 to 3	2-19 1973
that (1) (we) tast saw	the deceased offve	e an 2 - 19	1972	and that In(my) (aur)	apinian death occurred an the date
	e causes stated abo	ave. (1) (We) (did) (did no	t) view the body ofter d	eath.	
23A. SIGNATURE	Prettik	DEGREE DEGREE	Attending Med. Phys. Director	Stoff Phys.	2- 19-1872
23C.PHYSICIAN'S NAME (Type)	A BA	TTITEME IN	23D. ADDRESS	MENDR	rial Hospiral.
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C, NAME at CEMETERY of		24D. LOCATION	(City, town, or county) (Stote)
Burial 25A. DATE REC'D BY HEAL	2/22/72 TH DERT. 258, N	Parkwood C.	emetery 25C, FUNERAL DIE	Baltimor	re Maryland
FFR 2 2 197	000.00	2.0			
150000	C MAGGERS King	Taken KD	Leonard	J. Ruck Inc	c. 5305 Harford Rd

Marrie Reitz omide, delaines

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.od oundred cote . Ht had . . Tan . . . Tan

	\ I/EX	BALTIMORE CITY	HEALTH DEPARTMENT		72 01850
1	D-456 72 0185		TE OF DEATH	REG. NO.	
11-	RTH NO. NAME OF DECEASED	CERTIFICA	TE OF DEATH		
	ype or Print)		2. DATE	AND HOUR OF DEAT	H Give -
1 3	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OHNESS BEAD	1/4 1151141 05515 5145	1+/1972	- 18:45 P M.
Ħ		OUNCED DEAD	A. STATE B. CO	UNTY	institution: residence before odmission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INST OSPITAL OR ADDRESS OR LOCATION)	ITUTION, GIVE STREET	Maryland c. CITY OR TOWN	21201	ISIDE CITY LIMITS?
Há	The Good Samaritan Ho:	spital	Baltimore	D. 11	YES TO NO T
-	5601 Loch Raven Bouley	ard	E. STREET AND NUMBER		163 X 100 L
	Baltimore, Maryland 2:	1239	101 W. Mon	ument St.	
11	M = 7 = 1776 d d = 1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	if Under 1 Ys. If Under 24 Hrs. Months! Doys Hours Min.
17	Male White WIDOWE		08-19-00	71	
qo	A. USUAL OCCUPATION (Give kind of work 10 B. KIND (ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Professor (Law) Univer	reitu	Wash. D. C	and the series	USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	John J. Dolan		Ida Sulli		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		A CITI	
(Y	s, no of unknown) (If yes, give wor of dotes of sorvice)	SECURITY NO.	17. INFORMANT		ADDRESS
L		218221044	Jos Gawlers	Sens-Wash	ington DC
	18. 4/2 2 L	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		. Sepsis		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE JOD SUP		24 hours
	(This does not mean the mode of dying, e.g heart failure, asthenio, e.g. It means the disease	DUE TO, OR AS	CONSEQUENCE OF:		
	injury or complication which caused death.)	A 11.			
ĺ	ANTECEDENT CAUSES	(B) Ceretro	vasculur	eccident	3 weeks
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	A 1	0
	rise to the above couse (A) stating the UNDERLYING CONDITION lost.	· Hanerd	ensive arteri	opposite a	ulivorcula 20 4275
	II.	(0)		0 0000000000000000000000000000000000000	20,000
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************			
ERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 208 IP YES, WERE	FINDINGS CONSIDERED AUSES OP DEATH?
ERT				IN CERTIFYING CA	AUSES OP DEATH?
U	21 A ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF hor	B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltime	ore City, give exect location)
CAL	DEATH Inotify medical examined	ne, form, foctory, street, offi .)	ies mag, indukt occur?		
EDI	21D. TIME (Month) (Doy) (Year) [Hour) 211	INJURY OCCURRED	21F. HOW DID IN	HILLY OCCUPS	
Z	OF INJURY (APPROX)	hile At Not While At Work		TOKI OCCOK	
	22. I certify that (this hospital) attended			19 72 to FE	SRUAR! 17 19 72
	that (1) (ast sow the deceased olive on	2/17	19 7 2 and 1	that in (my) (and ap	Inlan deoth occurred an the date
	and-hour and from the couses stated above. (1) (did) (did vi	ew the body ofter death	•	
	23A, SIGNATURE	DAD			23B DATE SIGNED
	Houses L. Hurley	Atten Phys.	ding Med.	Stoff X	2/17/77
	23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	Phys. IAI	14/1/12
	DOUGLAS L. HURLEY	M.D.	THE JOHNS H	JODKING HO	CDTTAT
24/	8 BURIAL CREMATION, 1248, DATE 124C N	AME of CEMETERY OF CREA			SPITAL
***	KEMOVAL (Specify)			LOCATION	ity, town, or county) (Stote)
-	urial 2/22/72 Oak	chill Cemeter	ry Wa	shington T	OC .
23/	EB 2 2 1972 1258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
		0 0	Leonard J.	Ruck Inc.	5305 Harford Rd.
VS	150-REV. 1/1/68				



IMPORTAN

DIRECTOR:

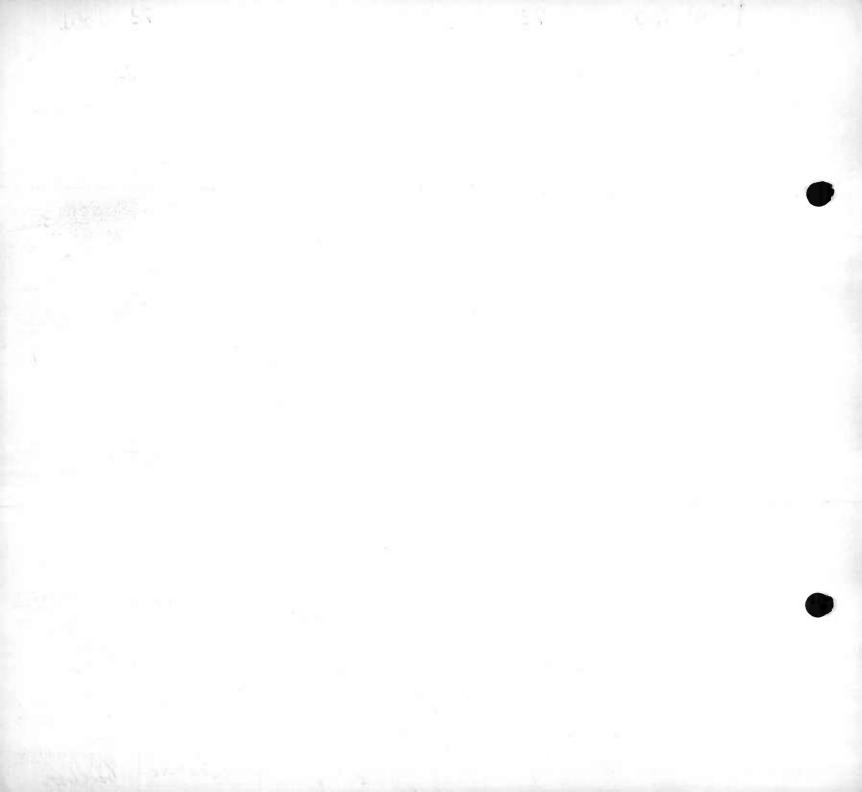
FUNERAL

VS 150-REV. 1/1/68

NO

If Under 24 Hrs.

(Slole)



1	1) 06	72	0185	BALTIMORE CITY	HEALTH DEPA	ARTMENT		72 01852
RIP	TH NO.) /2	0100	CERTIFICA	TE OF D	EATH	REG. NO	14 01000
	AME OF DEC	EASED				2. DATE AN	D HOUR OF DEATH	
Тур	e at Print) Ma	adeline A	. Wacke	r			17,1972	6:55%.
3. 1		IMORE, MARYLAND			4. USUAL RES	B. COUN	re deceased lived. If in	nstitution: residence belore admis
FUI	LL NAME OF	(IF NOT IN HOS	PITAL OR INST	TITUTION, GIVE STREET	Md.			260
IN S	SPITAL OR	ADDRESS OR LO	OCATION)		C. CITY OR TO		D. INS	IDE CITY LIMITS?
H	arford	Gardens 1	Nursing	Home	E. STREET AN			YES NO NO
(70					Bank S	t.	
5. \$	EX	6. RACE	7. ALADDIE	D NEVER MARRIED	B. DATE OF BI		9. AGE (In years	If Under 1 Yr. If Under 24
	F	W	WIDOWE		7-3-18	392	lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Mi
			work 108, KIND	OF BUSINESS OR INDUSTRY	1		1 . /	12. CITIZEN OF WHAT COUR
done	Homema	vorking life, even if retire a kor	ed)		Md.			U.S.A.
13.	FATHER'S NA				14. MOTHER'S	MAIDEN NA	ME	0.0.4.
	Emi	Storch				igus ta		
S. 1		Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMAN			ADDRESS
Yes	, no or unknown	(If yes, give wor or	dotes of service	SECURITY NO.			2502 2	
	No			218-03-1203	1	wacke	er 3507 B	ank St.
	1B. 4	2,4-1		CAUSE OF DEAT	1 -	1	10	APPROXIMATE INTERV
	/ DISEAS	E OR CONDITION		Appeniosale	erolie (ar	dio-Vasi	rulary brease	Sevend /2
	(This does n	of meon the mode		(A) IMMEDIATE CAL	JSE			verena /u
		osthenia, etc. It me			A CONSEQUENC	E OF:		
	injuly of com	plication which cau	sed death.l					
		ANTECEDENT CAU	SES	(a)				
	DISEASES C	R CONDITIONS,	if any, givin	DUE TO, OR AS	A CONSEQUEN	CE OF:		
		obove couse (A) sloting th					
	ONDERETHING			(C)		**************		
Z	OTHER SIGNIE	IL ICANT CONDITIONS	CONTRIBUTING	3				
ATIO	TO THE DEAT	H BUT NOT RELATED TO	O THE TERMINA					
FICA		OPERATION 198. C		WHICH OPERATION	20 A. AUTO	SY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIF	0				NE)		
C	OR CONTRIBL	IT WAS UNDERLYIN	h	1B. PLACE OF INJURY (e.g., i ame, farm, factory, street, o	n or about 21 C. \ ffice bldg., INJUI	WHERE DID	(If in Baltimo	re City, give exoct location)
O		medical examiner)	е	tc.)				
12.3	21 D. TIME OF INJURY	(Month) (Day) (Ye	eor) (Hour) 2	E. INJURY OCCURRED	21 F. F	OW DID IN	URY OCCUR?	
8	(APPROX.)			Vhile At Not While Not Work	•□			
	22 consider	that (1) (this has		the deceased from	1/00	12	10 69 - 1	06.17 107
				1-0h 1U	10 7	2	17 9 10 10	19.1.
		lost sow the dece					nat in (my) (out) opi	nion death occurred on the
		11/2	stated above.	(1) (We) (did nat) v	iew the body	after deoth.		
	23AL SIGNATU	T Me	45.	na .	ending V	Med C	Shell [23B. DATE SIGNED
	Joh	UK Sm	nmem	DEGREE Phy	s.	Med. Director	Phys.	2/10/12
0	NAME (T	re Loy MI	Zimn	nerman M.D. OEGREE	3 202	Hart	Ford Rd. B	allimore, Md
24A	BURIAL CRE	MATION, 248. DATE	24C.	NAME of CEMETERY OF CRI	EMATORY	24D. L	OCATION (C	ity, town, or county) (Sto
	WEIGG AWE (pecity V						
	Burial	2-21-	-72 0	ak Lawn Ceme	terv	P	al to.	Md.
25 A	Burial	2-21-	25B. NAM	ak Lawn Ceme		AL DIRECTO		Md.
25 A				OF REGISTRAR			1 / 1/	

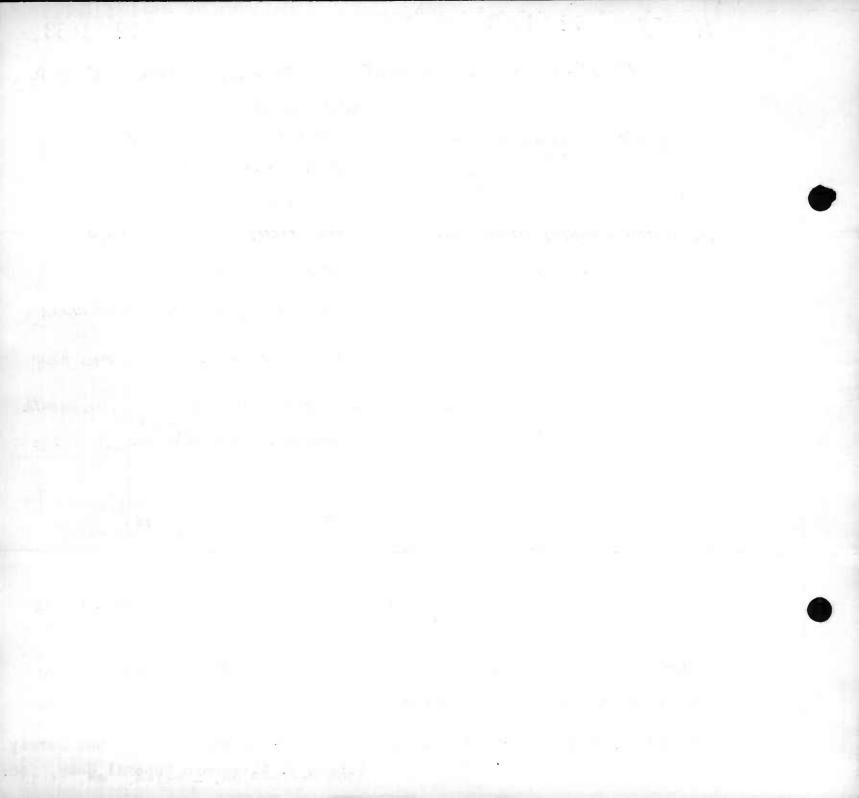
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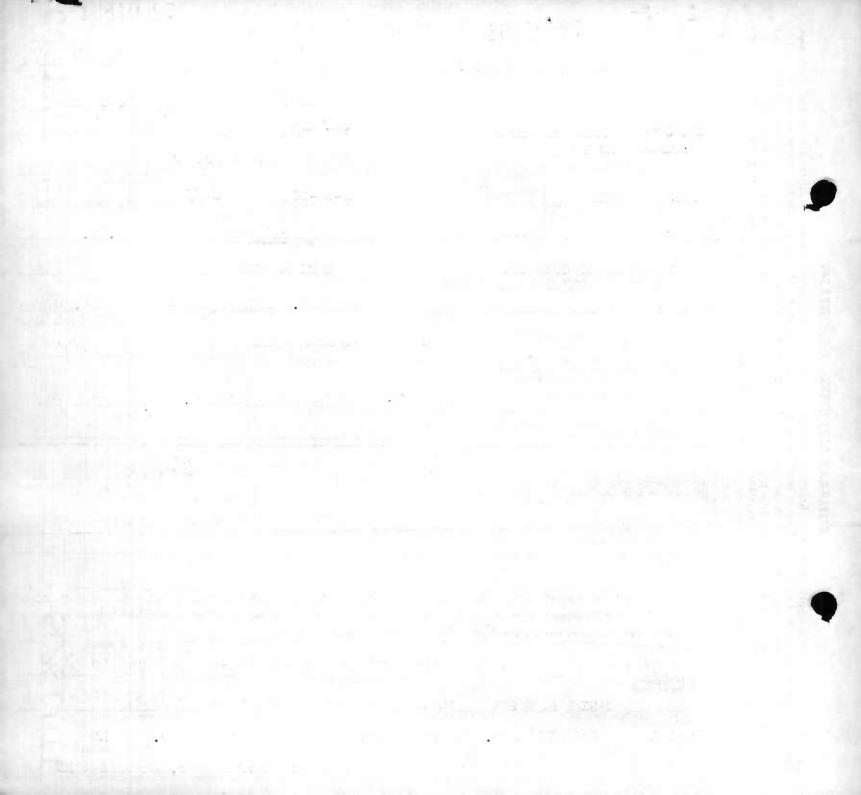
a approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2

	11 - 15 - 16 (110.10)	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	72 01853
11-	IRTH NO. NAME OF DECEASED	AIL OF BLATH	
	ype or Print NUGENT, Arnold Nuger	2. DATE AND HOUR OF DEATH	2 5:30 P. M.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institute A STATE B. COUNTY	lions residence before odmission)
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	NEW JERSEY	V27
1	UNITED STATES PUBLIC HEALTH	Q estal V	CITY LIMITS?
1	SERVICE HOSPITAL	E. STREET AND NUMBER	
5.		1012 Cooper St.	
	M WIDOWED DIVORCED	MAY 30 1910 61	Under 1 Yı. II Under 24 Hıs. onlhs Doys Hours Min.
de	A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR)	11. BIRTHPLACE (Slole or loreign country)	2. CITIZEN OF WHAT COUNTRY?
6	PALLEY MAN - Retired EMER PAY	NEW JERSEY	U.S.A.
113	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	NUGENT, David	NUTT, Caroline	
15 (Y	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	150099129	1747 Stokesley Rd. Gult	o. Md. 21222
	18. 3 9 6 0 1 CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		BETWEEN ONSET AND DEATH
	(This does not mean the mode of duing as (A) IMMEDIATE CAN	USE CARDIAC ARRYTHMIA A CONSEQUENCE OF:	one hour
	heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	NAL HEART FAILURE	one month
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	NAL HEART FAILURE A CONSEQUENCE OF: AGRI	*****
	rise to the above couse (A) stoling the UNDERLYING CONDITION last.	TIC VALVULAR (DISEASE)MITE	AL 10 YEARS
,			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
FIC/	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No!) 208. IF YES WERE FIND	NGS CONSIDERED
ERTI	WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF	n of obout 21 C. WHERE DID /// In Polymore Cit	, give exoci location)
JICAL	elc.)	_	
MEDI	21D-TIME (Month) (Doy) (Yeo) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX.) While At Work Not While		
	22. I certify that (1) (this haspital) attended the deceased from Je		Dry 20 19 12
	that (1) (we) last saw the deceased alive an February 2	the interior and the interior	deoth accurred on the dote
	and have and from the causes stated above. (i) (We) (did) (did nat) vi	lew the bady after death.	
	11 1. 1. 0 1 110	to a second seco	DATE SIGNED
	23 C. PHYSI CIAN'S	Director Phys.	Feb. 21 1972
	Horia de Morges - Ruehsen M.D.	1747 STOKEREY Rol. Balto	Mal 21222
24/	BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CRE		vn, or county) (Stote)
	Removal 2/24/72 Bethel Memorial	10.17. 10.	New Jersey
	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		ADDRESS
L	FED 9 9 4072 P. C. & E. Janber 18 3. 0 1)	Robert C. Altenburg Fun 6009 Harford Rd Balt	eral Home Inc.
VS	150-REV. 1/1768		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

TY HEALTH DEPARTMENT 72 01854
CATE OF DEATH TREG. NO. 12 01034
2. DATE AND HOUR OF DEATH
1
20 1-e 6 72 11- PM.
4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY
MARYLAND 5 7 00 DORCHESTER
C. CITY OR TOWN D. INSIDE CITY LIMITS?
CAMBRIDGE YES NO
E. STREET AND NUMBER
112 VUE de LEAU STREET
8. DATE OF BIRTH 9. AGE Un years If Under 1 Yr., if Under 24 Hrs. Months! Doys ! Hours ! Min.
10-04-16 45 55
TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ation Cambridge MD U.S.
14. MOTHER'S MAIDEN NAME
ואותות כן נוחווכן
RUTH D. DUNN 17. INFORMANT ADDRESS
Carolyn R. Sherman 112 VeDeLeau St. Cambr
ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1)
CAUSE AVPOXÍA I WK
AS A CONSEQUENCE OF:
and the state of t
KINOMA, MESTER CTO 1009 -2 190
AS A CONSEQUENCE OF:
ENOUN OH MOLY
11 21 1
ble ful morory Embalis
120A ALERO REPORTE NO. CO. NO. ORR. IN MICE. MARINE CO. CO. N. C. D. S.
20A. AUTOPST? (You of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
YES
g, in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) office bidg, INJURY OCCUR?
21F. HOW DID INJURY OCCUR?
While C
ork
7 Feb 19 72 to 20 Feb 1972
19 2 ond that In(my) (our) opinion death accurred on the date
19 2 ond that In(my) (our) opinion death occurred on the date t) view the body after death.
19 2 ond that In(my) (our) opinion death occurred on the date t) view the body after death. 238, DATE SIGNED
19 2 ond that In(my) (our) opinion death occurred on the date t) view the body after death.
19 2 ond that In(my) (our) opinion death occurred on the date t) view the body after death. 238, DATE SIGNED
19 2 ond that In(my) (our) opinion death occurred on the date 1) view the body after death. Attending Med. Stoff Phys. 20 Feb 7 2
19 2 ond that In(my) (our) opinion death occurred on the date 1) view the body after deoth. Attending Med. Director Phys. 20 Feb 7 2 23D. ADDRESS 123D. ADDRESS
aree CREMATORY 24D, LOCATION (Cur) opinion death occurred on the date (State Signed 20 Feb 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
19 2 ond that In(my) (our) opinion death occurred on the date 1) view the body after deoth. Attending Med. Director Phys. 20 Feb 7 2 23D. ADDRESS 123D. ADDRESS
aree CREMATORY 24D, LOCATION (Cur) opinion death occurred on the date (State Signed 20 Feb 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
attending Med. Director Phys. 23B. DATE SIGNED 20 Feb 7 2 23D. ADDRESS 23D. ADDRESS 24D. LOCATION City, town, or county! (State! Park Cambridge Dor. MD



72 01855 BALTIMORE CITY HEALTH DEPARTMENT

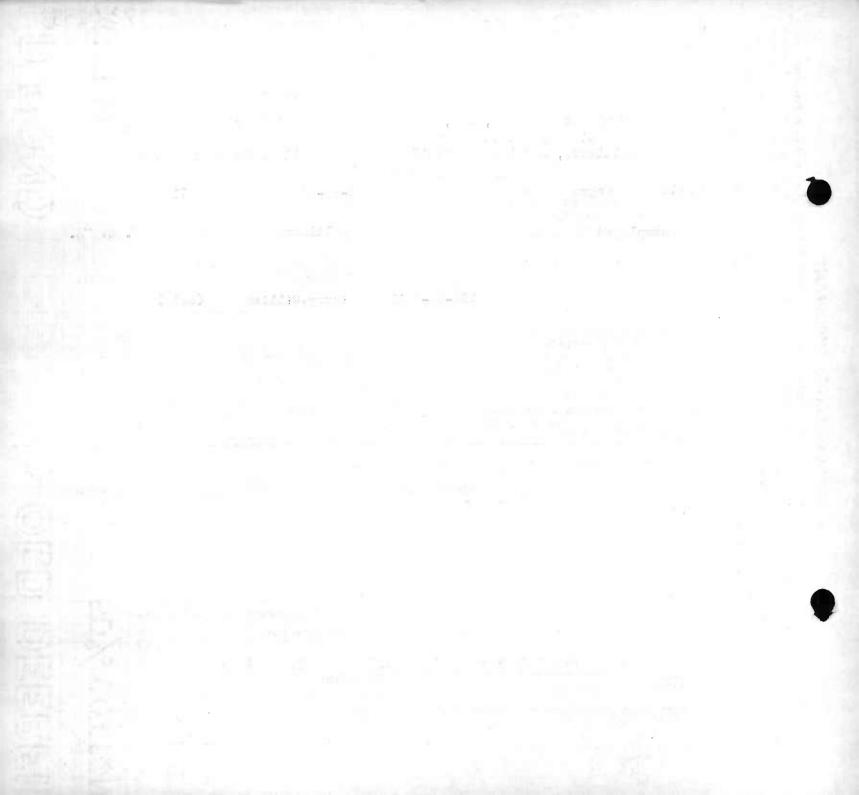
ALEDICAL EVALUEDICA	CERTIFICATE OF BEATLE	72 01855
	CERTIFICATE OF DEATH REG. NO	15 07000
BIRTH NO.		
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Year Hour
Phyllis Jones	DEATH Estimoted 1 2 16	72 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 2 16	72 8:45 P
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		M.
This remains Hearthal	5. USUAL RESIDENCE (Where deceosed lived, Il institution: r A. STATE B. COUNTY	esidence belare admission)
University Hospital	Maryland	1802
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore	— —
9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. II Under 24 Hrs.	II TES	TI NO LI
last birthday) Months, Days, Hours, Min.	W	
[[fory 27,194] 30	1033 Clay Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Box / for /// WHAT COUNTRY?	AHTMILLI YVGITO	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	YILE, MOTHER'S MAIDEN AVAME	
one during most of working life, even stretired)	D. Faits	
Housewite	DOPOLAN ESCUSMORE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (II yes, give wor or dates of service) SECURITY NO.	18. INFORMANT	RESS
10	Durch V Robinson / Jelish	all Now not Ale
19. CAUSE OF DEA	TH THE	APPROXIMATE INTERVAL
	resumably occurring during seiz	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Today Coouring during Serz	, ut
LEADING TO DEATH	CAUSE	
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST		1. AUTOPSY? (Yes or No)
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. UTING CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) I certify that I held on Inquiry Inspection Au resulted from: Notural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME CEMETERY REMOVAL (Seecity) DUE TO, OR DUE TO TO HE DEATH STATING THE UNDERLYING DOTAL THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL D	in or obout 22C. WHERE DID (il in Boltimore City, give exoct le bidg., etc.) iNJURY OCCUR? 22F. HOW DID INJURY OCCUR? WHILE ORK Undetermined manner City of the body of the	Yes Jocation DATE SIGNED 2-17-72

5-2-1972 - Completion of cause of death on a pending medical examiner death certificate
Charles Springate, M.D.

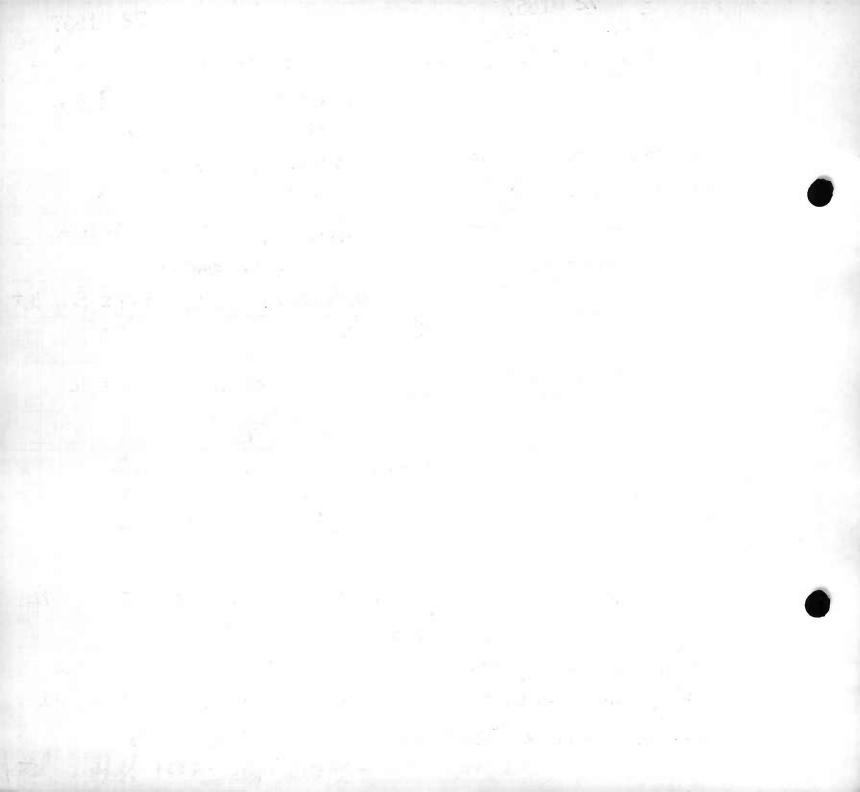
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	This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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	BALTIMORE CITY	HEALTH DEPARTMENT	50 010-5					
BIRTH NO. 72 018	56 CERTIFICA	TE OF DEATH	. NO. 72 01856					
1. NAME OF DECEASED (Type of Print) TERRY	- WILLIAMS A	2. DATE AND HOUR OF	DEATH .					
		10 10 3						
S. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI Provident Hospital, Inc, 2600 Liberty Heights Avenue Baltimore, Maryland 21215		Maryland	D. INSIDE CITY LIMITS?					
		Baltimore YES X NO E. STREET AND NUMBER 710 Fairmount Avenue						
					5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y	Months: Days Hours Min.
						WED DIVORCED	4-30-00	71 Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if reliped)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUN					
Unemployed Kellick		-B-Itimore OC U. S. AA.						
Sandy Tenny	/	Many COVIN	STON					
5. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) lif yes, give war or dates of serv	icel SECURITY NO.	17. INFORMANT	ADDRESS					
10	054-09-5018	Terry, William	(Self)					
18. 44 0 / V 1	CAUSE OF DEAT		APPROXIMATE INTERVA					
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET, AND DE					
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Cardes - respinal	my arrest number					
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	G.G.	A CONSEQUENCE OF:	//					
injury or complication which caused death.)		1 0 6	,					
ANTECEDENT CAUSES	Show	ck : Seple	3 hrs					
DISEASES OR CONDITIONS, if any, gi	vine (B)	A CONSEQUENCE OF:	************************************					
rise to the above cause (A) stating	the Cobar	A CONSEQUENCE OF: Preumonia week	Empyema 1-10-72					
UNDERLYING CONDITION last	(c)							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1, (A).		CHF						
198 DATE OF OPERATION 198 CONDITION F The Augusting diem WAS PERFORMED	Empyena lung	NO NO 208. IF YES	S, WERE FINDINGS CONSIDERED					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	ice bldg., INJURY OCCUR?	n Baltimare City, give exact location)					
21D.TIME (Month) (Doy) (Yearl (Hout)	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR						
OF INJURY (APPROXI	While At Not While							
22 1 - 45 45 45 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Work L At Work	107 (0 107)	E-0 12 14					
22. I certify that (I) (this hospital) attend	4	7 2	Felo 18 19/8					
that (1) (we) last saw the deceased alive	Q11		aur) apinian death occurred an the d					
and have and from the causes stated above	e. (1) (We) (did) (did not) vi	lew the body after death.						
23A. SIGNATURE			23B, DATE SIGNED					
Jones V. sharf-and	glibeli, MD Atter	nding Med. Staff News.	2-18-72					
23C.PHYSICIAN'S		3D. ADDRESS						
NAME (Type)		Provident Hotpilot						
OVA BURNA CREMATION TO THE	DEGREE							
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME O CEMETERY OF CRE	MASORY 24D. LOCATION	City, town, or county (Stotel					
131 Moc/ 2/23/22V	18/01/11/11/11	MANNEN PA / Chilles	1111 1111					
25A. DATE REC'D BT HEALTH DEPT. 25B. NA		PAC THINE DIRECTOR	ADDRESS /					
FEB 22 1972 Pober E Jab	3.1 2 V	Milliam Francis	House 3 100Mahlas					
/S 150-REV. 1/1/68	Car. 7.0.	AVALALIAMO LAMELUI	/10114 - / 7/11/01000a					



VS 150-REV. 1/1/68



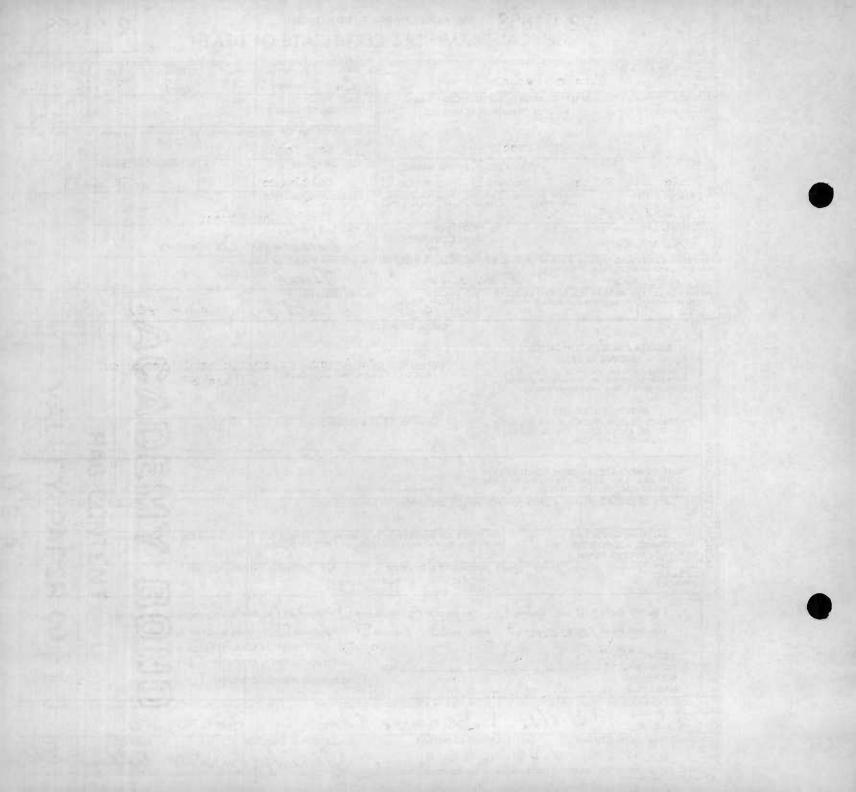
25C_FUNERAL DIRECTOR

ADDRESS

25B. NAME OF REGISTRAR

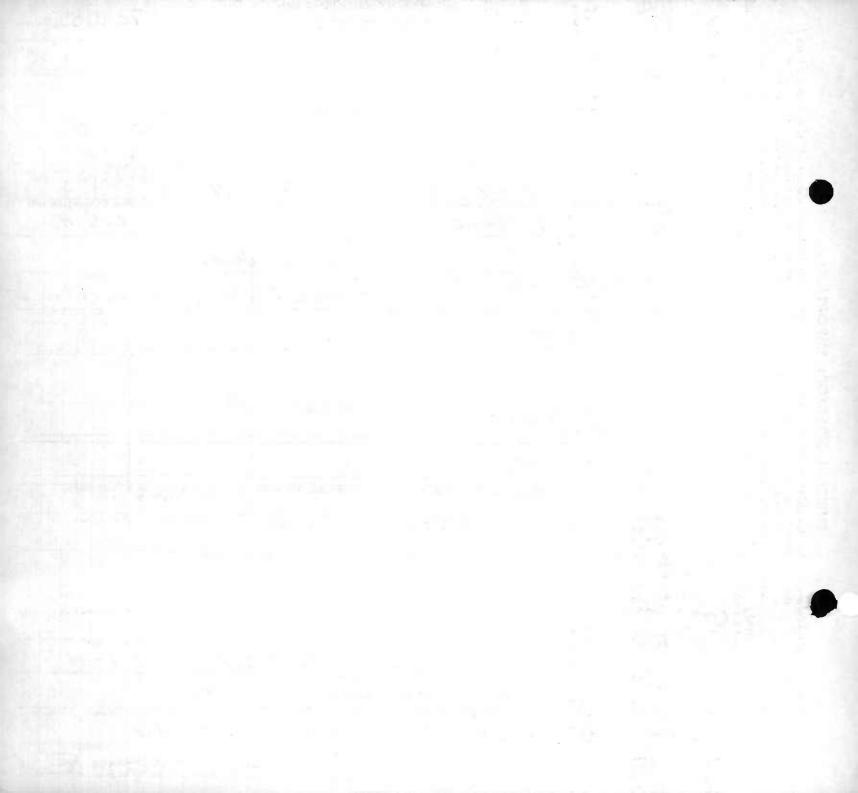
25 AV DAJE REC'D BY HEALTH DEPT

VS 151-REV, 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		ma 0.10==
HRTH NO. 72 0185	CERTIFICA	TE OF DEATH	REG. NO.	72 01859
NAME OF DECEASED		12 DATE AND	HOUR OF DEATH	
Type or Print MIRS. MADELINE	M. GEBAUER			3:30 P M.
3. PLACE IN BALTIMORE MARYLAND, WHERE I		4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION		MARY LA 4D		100
		BALTIMORE YES NO		
CHURCH HOME + HO	2407 MEELDERRY ST. 21205			
5. SEX 6. RACE W 7. MA	RRIED NEVER MARRIED	8. OATE OF BIRTH 9.	AGE (in years II	Under 1 Yr. If Under 24 Hrs.
F A. W. WID	OWED DIVORCED	3-03-02	69	
10A, USUAL OCCUPATION (Give kind of work 108, Kildone during most of working life, even if refired)	.1	11. BIRTHPLACE (Stele or fereign	a country!	2. CITIZEN OF WHAT COUNTRY?
HOME HOME		MARYLAND		U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
FRANK SCHEPEL		MARKARET JONES		
15. Was Deceased Ever in U. S. Armed Forces? (Yos,no or unknown) life yes, give war or dates of se	17. INFORMANT ADDRESS			
No -	SECURITY NO.	Mp. Charles 7. S	Ebauer - 240	7 Mc Elderry SI
18. 174 X I	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	me	tastatic Ca. di USE A CONSEQUENCE OF:	would at -	1. 2 cus
(This does not mean the mode of dying	(A) IMMEDIATE CA	USE CONSTOURNCE OF	7,01	- 1-c ys.
heart failure, asthenia, etc. It means the di				
injury or complication which caused death,	pash	bey Brain -	D	Calland
ANTECEDENT CAUSES	(B) Qa/	Tainm Cy the	Dienst	Scope
DISEASES OR CONDITIONS, if any, rise to the above cause (A) station	A CONSEQUENCE OF:		Several years	
UNDERLYING CONDITION lost.	(c)			0
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBU				
OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY7 (Yes or No)	20B, IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF OEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or obout 21 C. WHERE OLD	(If In Boltimore C	ity, give exact location)
	21E INJURY OCCURRED	21f. HOW DID INJU	RY OCCUR?	
21D-TIME (Month) (Day) (Year) (House OF INJURY (APPROXI	While At Not Whi	le 🗆		
22. I certify that (1) (this hospital) atte			72 to FEB	5. 17 19 72
that (1) (we) last saw the deceased oils	0 17 77			n death occurred on the dote
and hour and from the couses stoted ob	ove. (1) (We) (did) (did not)	view the body after death.		NAME OF THE PARTY
23A. SIGNATURE	44 - 44	ending Med. S		BR. DATE SIGNED
Ma. Elina V. Mangang	PA-D Phy	ps. Director P	hys.	2-17-72
23C.PHYSICIAN'S NAME (Type)	4.5	Church Home	+ Hospital	
MA. ELERA V. MAN	644 M. DEGREE		. 0	
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CE		CATION (City,	town, or county) (State)
BURIAL 2/22/72	BALTO. NATION	VAL CEM. =	SALTO. N	10.
25A, DATE REC'D BY HEALTH DEPT. 25B, P	AME OF REGISTRAR	250 HUNERAL DIRECTOR	- 2334 D	ADDRESS
FERSS MIC APPENDE C' LOUR		Devoluthing	en Toot B	Alexan La
V\$ 150-REV. 1/1/66		11		

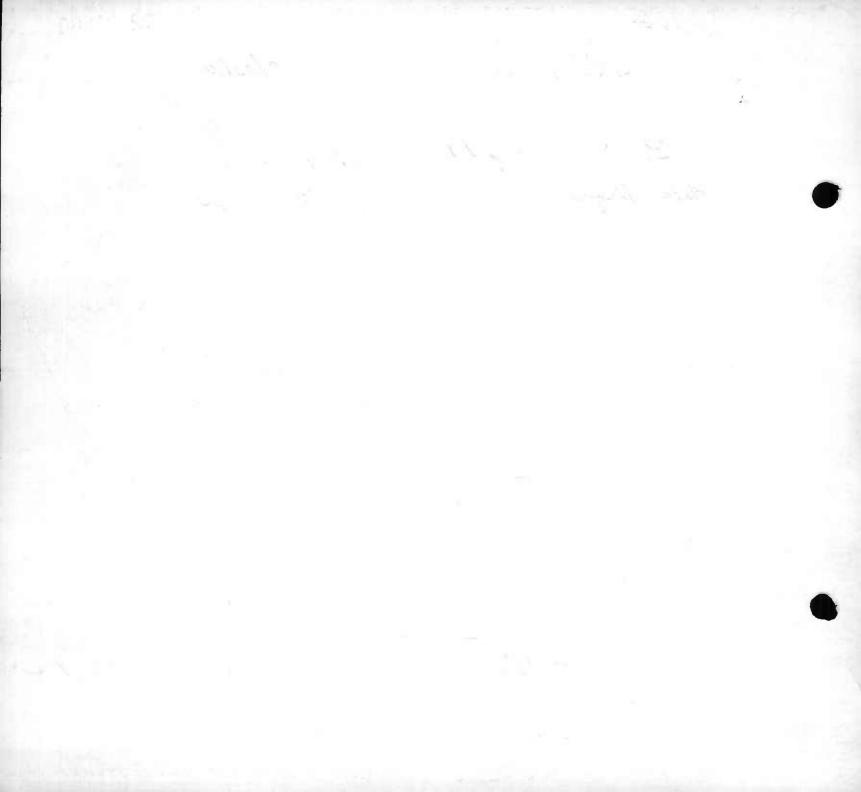


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DIRECTOR:

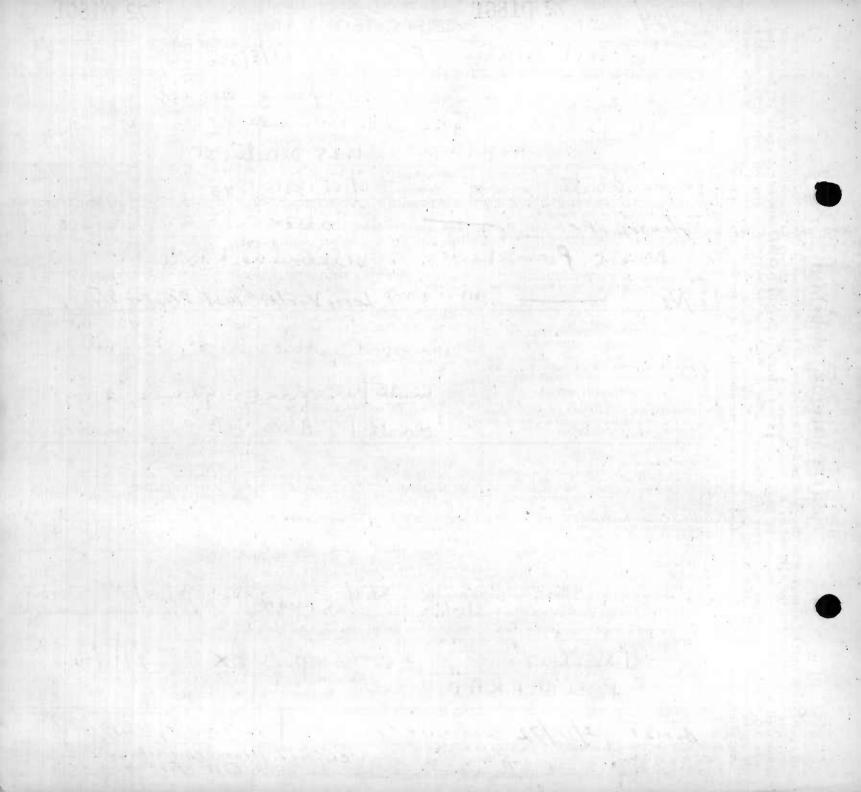
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150-REV. 1/1/68



INDU IN OTOOT			REG. NO	72 01861
AME OF DECEASED	KIIFICATI		HOUR OF DEATH	
VO-EXCITE TO THE	F.	2/15	12	1-30 A.M
LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	AD 4.	STATE & B. COUNT	Υ	
SPITAL OR ADDRESS OR LOCATION)				E CITY LIMITS?
South Balli more fer	reral	Baltimore		YES NO
3 Hopital	E.		ier se	
ewale while WIDOWED DI	VORCED S	112/1896.	75	If Under 1 Yr. , If Under 24 Hi Months Doys Hours Min.
during most of working life, even if retired)	OR INDUSTRY 11.	Balto	n country)	12. CITIZEN OF WHAT COUNTS
ATHER'S NAME	14.	Λ .	1	
Albert Franschufe.	v /	Lelhemen	a Knoch	
, no or unknown) (If yes, give wor or dotes of service) SECURI	ITY NO.		1428 Peca	Tur ST,
4-1×1-	SE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
LEADING TO DEATH	WALED LATE CAUSE	o diaca	2001-	into
heart failure, asthenia, etc. It means the disease,	OUE TO, OR AS A CO	DISEQUENCE OF:	VIXIA	
	1 U. t	(eCandia	and builting	So to South
(n)	UE TO, OR AS A	ONSEQUENCE OF:	vyjacas	an Accept
rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)	old M.	1. A.S.C.	V.D	manyens
11				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL			**************************************	
	RATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, for	INJURY (e.g., in or ctory, street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OF		21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While At Work	At Work],		
21.1	ed fram 2/1	1/ 15 15 15 15 15 15 15 15 15 15 15 15 15	12 to 2-11	5/ 1972:
	1) (1) 1)		t In(my) (aur) apin	ian death accurred an the d
A	1) (did not) view	the bady after death.		238, DATE SIGNED
tos dos.	Dh	Med. S	hys.	2/15/72.
P. SUBBARAO	230		Hall	
BURIAL CREMATION, 248, DATE 24C, NAME of CEA	METERY OF CREMA	TORY 24D. LO	CATION (City	town, or county), (Stote
	ert Cen	etery Be	Il imere,	1727/20d
	AR C	Charles L. ST	Vrus Fusera	1 Hunr, Euc.
				7 13
P LS	THIND. THE NO. TAME OF DECEASED ROY PRINT OF REAL PRINT OF THE REMINAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, astheria, elc., Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, astheria, elc., Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSE DISEASES OR CONDITION I ast. (C) OTHER SIGNIFICANT CONDITION SIE OF DEATH HORTY MAS PERFORMED DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DEATH HORTY MAS UNDERLYING CONTRIBUTING TO ACT OF OPERATION 198. CONDITION FOR WHICH OPE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING DEATH HORTY MAS UNDERLYING CONTRIBUTING CAUSE OF DEATH HORTY MAS UNDERLYING CONTRIBUTING CAUSE OF LEATH CONTRIBUTION CONTRIBUTION FOR WHICH OPE CAUSE OF LEATH CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBU	THING. TAME OF DECEASED PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LINAME OF ADDRESS OR LOCATION) STITUTION SOULD TO SHITLLOR ADDRESS OR LOCATION) TO THE STATE OR ADDRESS OR LOCATION TO THE DEATH ADDRESS OR LOCATION TO THE DEATH SOUTH OF THE PREMINAL DEATH OF STREET ADDRESS OR INDUSTRY TO THE DEATH BUT NOT ELETED TO THE TERMINAL DIVERNAL OR STREET ADDRESS OR INDUSTRY TO THE DEATH SOUTH OF THE TERMINAL DIVERS OR INDUSTRY TO THE DEATH SOUTH OF THE TERMINAL DIVERS OR INDUSTRY TO THE DEATH SOUTH OF THE TERMINAL DIVERS OR INDUSTRY TO THE DEATH SOUTH OF THE TERMINAL DIVERS OR INDUSTRY INDUSTRY TO THE DEATH SOUTH OF THE TERMINAL DIVERS OR INDUSTRY INDUSTRY TO THE DEATH SOUTH OF THE TERMINAL DIVERS OR DIVERS OR SOUTH OF THE TERMINAL SEASE OR CONDITION ISS. TO CONTRIBUTING CONDITION SOUTH OF THE TERMINAL DIVERS OR SOUTH OF THE TERMINAL SEASE OR CONDITION ISS. TO SECURITY WAS UNDERLYING OR CONTRIBUTING TO THE DEATH HOST WAS TERMINAL DIVERS OR SOUTH OF THE TERMINAL SEASE OR CONDITION ISS. TO THE DEATH SOUTH OF THE TERMINAL DIVERS OR SOUTH OF THE TERMINAL SEASE OR CONDITION SEASE OR CONDITION IS NOT THE TERMINAL SEASE OR CONDITION SEASE OR SOUTH OF THE TERMINAL SEASE OR SEASE OR CONDITION SEASE OR SOUTH OF THE TERMINAL SEASE OR CONDITION SEASE OR	THE NO. THE	THE NO. CERTIFICATE OF DEATH REG. NO. JAME OF DECEASED OF PRIOR TO BECEASED OF A PRIOR OF DECEASED OF A PRIOR OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET A. STATE OF COUNTY OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OF STREET AND NUMBER OF STREET AND OF STREET AND OF STREET AND NUMBER OF STREET AND OF STREET AND OF STRE

72 01861



	1-250 72 018	62 BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO. 72	01862
	RTH NO.	CERTIFICA	TE OF DEATH	KEG. NO.	20010
σ	NAME OF DECEASED (ye or Print) ROLAND JA	CKSON	2. DATE AND F	OUR OF DEATH	1 12:00 4.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where de	ceased lived. Il instituti	ion: residence before admission)
FI	ULL NAME OF (IF NOT IN HOSPITAL OR INST	TUTION, GIVE STREET	MD.		2401
IN	ISTITUTION ADDIES OF ESCAUGH		C. CITY OR TOWN 76.	D. INSIDE C	m / -
545	01241 0 011		E. STREET AND NUMBER	YES	NO [
=		SPITAL	1387 DECA	TOR ST-	21230
	M WIDOWE			GE (In years the birthday) Mo	Under 1 Yr. II Under 24 Hrs. nths: Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND (ne dwing grost of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign of	ountry) 12,	CITIZEN OF WHAT COUNTRY?
	MIRED Cartuspater B.	40 Railroad	MD.		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	UAMES UNOKSON		CAURA 1	INCH	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
L	No	1215 07 0887	James Jackson	1307 De	cutur ST
	18.4 12,4 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Odrdia	c arrhythm	A.	Luc O.T. war
	(This does not mean the mode of dying, e.g	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:		Consens - w
	heart failure, asthenia, etc. It means the disease injury or complication which coused death.)		+ · 111 =0	1	M
	ANTECEDENT CAUSES	(B) Congre	une AP, Che	our. A Sa	1 d un Delermanent
1	DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
١.	UNDERLYING CONDITION last.	(C)	***********************************	**************	
z	11	0	. 11 2	· - 6 · 0	1.4
HON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Preumo	ma ! Alfatu	: Farlene	undetermen
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20	B. IF YES, WERE FINDIN	NGS CONSIDERED
CERTIFICA	WAS PERFORMED		IN IN	CERTIFYING CAUSES	OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medico) exomine)	B. PLACE OF INJURY (e.g., in me, form, foctory, street, off c.)	or obout 21 C. WHERE DID	(If In Boltimore City,	, give exoci locotion)
MEDI		E INJURY OCCURRED	21 F. HOW DID INJURY	O C CUR?	
1	(APPROX)	hile At Not While At Work			
	22. I certify that (this hospital) attended	the deceased from	2/14 19	1V 10 2/	17 19フレ
	that the laceosed alive on.	2/17	19 22 ond that in	(our) opinion	deoth occurred on the date
	and hour and from the causes stated above.	(t) (We) (did) (did mat) vi	ew the body after death.		
	23 A. SIGNATURE	/ / / Atten			DATE SIGNED
	23 C. PHYSICIANS	OEGREE Phys.	Director L Phys.	4	2/17/72
-	NAME (Type)	11/1/2 / 1/1	3D. ADDRESS	- 1/2-0	,
24/	A. BURIAL CREMATION, 124B. DATE 124C. N	NAGO, M. NOEGREE	MATORY 24D. LOCAT	+ HOSH	ITAL
	REMOVAL (Specify)	ler Hayer Men		10N (City, tow	vn, or county) (Stotel
25/	122/10	OF JEGGERAR		Fryugori,	ADDRESS
	LERSS BIS		25C. FUNERAL DIRECTOR S	FORT AV	ral ADDRESS P, IGC,
VS	150-REV. 1/1/68		1 1 1 1 1 1 1 1	1 01 / // //	(-1 -

2007 1 100

	1 0 79 04	BALTIMORE CITY	Y HEALTH DEPARTMENT		72 01863
BIR	72 01	CERTIFICA	TE OF DEATH	REG. NO	72 01000
	NAME OF DECEASED pe or Print) CLARENCE	V. Jacks	1 1	D HOUR OF DEATH	4:34 pm
3.	PLACE IN BALTIMORE MARYLAND, WHERE				tution: rosidence before admission)
10	LL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION STITUTION	INSTITUTION, GIVE STREET	M. C. CITY OR TOWN	Balt. Ci	ty 2404
5	South Baltimore	General Hos	Baltimore E. STREET AND NUMBER		YES NO
6	+3		1640 7	rackson	St #3
. 5	A	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0A	LUSUAL OCCUPATION (Give kind of work 10B, 1		1 / /	gn country)	12. CITIZEN OF WHAT COUNTRY?
on	DISable diBaker		VIRGIN	na	USA
3.	FATHER'S NAME	2 //	14. MOTHER'S MAIDEN NAM		
	Henry	Jockson	Hini	· McAle	AYTY
5. [e:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(V85	217-01-1769	A Caroline	Jackson 1	1640 JE-Kson SI.
	DISEASE OR CONDITION DIRECTL	CAUSE OF DEAT	TH .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CA	USE Chronic Ob A CONSEQUENCE OF: Pulmonany	structive	
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	DUE TO, OR AS	A CONSEQUENCE OF:	Disease .	+
	injury ar camplication which coused deal	1.)		Cachexia	
	ANTECEDENT CAUSES	(-)	noma Prosta	fe or 17la	dele
	DISEASES OR CONDITIONS, if ony, rise la lhe abave cause (A) stati		S A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)			
25	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TER	UTING Conjerting	Heart Failure	2° Ascrb	
FICAL	DISEASE OR CONDITION GIVEN IN PART 1 (A	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
EKILL	0			IN CERTIFICO CAUS	its or beam:
1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21 C. WHERE DID office bldg INJURY OCCUR?	(If in Boltimore	City, give exact location)
(ED)	21D.TIME (Month) (Day) (Year) (Ho OF INJURY		21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not Whi Work At Work	le 🗌		
	22. I certify that (I) (this hospital) atte	ended the deceosed from		9to	19
	that (I) (we) lost sow the deceased oli	ve on			on deoth occurred on the dote
	ond hour and from the couses stated a	pove. (I) (We) (did) (did not)	view the body ofter deoth.		
	23A. SIGNATURE	2 2 L		2	3B. DATE SIGNED
	, an all	OEGREE Phy	ending Med. Director	Staff Phys.	
	23C. PHYSICIAN'S NAME (Type) N. KAN		230. ADDRESS South Balt	Emme Gen.	Hospital
24/	A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	REMATORY 24D. L		town, or county) (State)
	Buria 2/23/72	Bley Hoven A	Penerial Park	Aure Aryna	le/ Md,
	100110 2101	0/11/1			
254	A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	STEVERS F	=unerappersne, I vo
25/		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	STEVENS +	-unerappysne, Inc



VS 150-REV. 1/1/68

5.30

NO

If Under 24 Hrs.

(Stote)

ADDRES!



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172 01865 BALTIMORE CITY HEALTH DEPARTED IN THE BIRTH NO. 72 01865 BALTIMORE CITY HEALTH DEPARTED IN THE BIRTH NO.

12 01865 BALLIMOKE CITY HEALTH DEPAKIMENT	MA	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO	12	01863

BIF	RTH NO.								REG. NO.			,,,,
	NAME OF DEC	EASED				2. DATE OF	Knawn 🗌	Manth	Day	Year	Hour	
(1)	FRANCIS LONG PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						Estimated 🗆				Eterifica	М.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PI	RONOUNCED DEAD	3. DATE		Manth	Day	Year	Hour '	
	LL NAME OF	(IF NO	TIN HOSPITA	AL OR INS	TITUTION, GIVE STREET	PRONOU	NCED DEAD	2	14	1972	4:57	a u
	INSTITUTION	ADDRE	JJ OK LOCA	(11014)		5. USUAL RE	SIDENCE (Where	deceased liv				
	00 1	464 Mo	ntneli	er St		A. STATE	Md.	E	. COUNTY	1	915	5
6.	SEX	7. RACE	reperi		RIED NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	1	
	female		_							-		
	DATE OF BIRTI	negr	10. AGE (I	WIDOV	VED DIVORCED If Under 1 Yr. If Under 24 Hrs.	E STREET A	Balt ND NUMBER	.0.	Y	ES X N	40 L	
7. 1	DATE OF BIRT	•	last birthda	(y)	Manths Days Haurs Min.							
	3 .			44			4 Montpel	ier St	•			
11.	BIRTHPLACE (S	itate ar fareig	n country)	1	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME)				
			NC	(1	anda	un				
14A don	USUAL OCCU	PATION (Give	e kind of work	148. KIN	OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME				
	House	11 -11.	-			1	all 10)	THA	res	1		
16.	WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCE	S? 17. SOCIAL	IB INFORM	ANT	-/		DDRESS		0
(16	s, na ar unknawn)	(IT yes, give v	var ar dates	at service	SECURITY NO.	Skage	Funed &	mul (A	unden	1. An	201	1
-	19. 1	19			CAUSE OF DEA	TH	12-1000011	11100	wood)		ROXIMATE INT	
	0/	11/1			Ruptured e	conhage	1 7777100			BETWE	EN ONSET AN	D DEATH
		E OR COND LEADING TO		CTLY	raptured e	sopnage	ar varice	15				
		at mean the		Ing. e.g	(A) IMMEDIATE C	AS A CONSEQU	IENICE OF.					
	heart failure	, asthenia, etc.	. It means the	disease,	DUE 10, OK 1	AS A CONSEQU	DENCE OF:					
	injury ar camplication which caused death.)											
	1A	NTECEDENT	CAUSES		(B) cirrl	nosis of	liver					
	DISEASES O	OR CONDITION	ONS, IF ANY	Y, GIVING		AS A CONSEQ	UENCE OF:					
7		G CONDITI		11110 1112	(c)							
Ō			11	-	(0/000000000000000000000000000000000000							
₹		IFICANT CON	IDITIONS C				LUCE.					
윤		CONDITION			INAL							
CERTIFICATION					FOR WHICH OPERATION W	AS PERFORMI	D			21. AUTOF	SY? (Yes ar	No)
S	2)									yes	5	
7	22A. FXTER	NAL CAUSE	WAS		22B. PLACE OF INJURY (e.g.,	In as about 22	C WHERE DID	/If In Rolliman	City give ev	act Incation)		
EDIC,	UNDERLYING	OR CON	TRIB-		hame, farm, factory, street, affic	e bldg., etc.) IN	JURY OCCUR?	(ii iii baiiiiiiai	City, give ex	ici idaanan)		
声	UTING L CA			1 /11	V Tool Thursday O CCUIDED	20	F. HOW DID IN	IUDY OCCU	200			
-	OF INJURY	(Manin) (L	oy) (Yea	r) (Hou	r) 22E, INJURY OCCURRED WHILE AT NOT	WHILE C	F. HOW DID IN	JURY OCCU	Kr			
	(APPROX.)					ORK						
	23.			. r	7							
		ify that I h		nquiry	Inspection Au	topsy X	ond that on the	his basis, a	leath in my	apinian		
	result	red fram: N	atural cau	ses X	Accident Suicio			Undetermin				
	4.671141		10	1	. 0	C	HIEF MEDICAL E	EXAMINER	x		DATE SIGN	ED
	SIGNATO	JRE	OV	10-	stren M.D	ASSIS	TANT MEDICAL	EXAMINER				
	EXAMIN	ER'S				ASSO	CIATE MEDICAL E	XAMINER				
L	NAME (T			S. F	isher, M.D.					2.	-14-72	
	A. BURIAL CREA		48. DATE		24C. NAME of CEMETERY	ar CREMATO	RY 24D	LOCATION	(City, taw	n, ar caunty)	(State)
	Buri	- 1 11	220	-75	Li	calcu	m.	Burh	nulto	21	mi	1
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME OF REGISTRAR		UNERAL DIRECT	OR /	1/ 1	DDRESS		***************************************
	CEDO	9 4072	-		Faiber M.D.	(),	mal f	Kara	1 25.	5000	h.	7/
	LEDY	אונו או	Oro-Oc		3 . 6 .	The	Juns.	y record	dho	ld IV	Mass	nan
VC	151 PEV 1/1/68					1 1	1 11			111		

Letter Thermy The General Port Our Conference By T 05815.8 1965 U 347 (145-5-14 Schraud 221-22 " Red Corner Beachangling

VS 150-REV. 1/1/6B

The State of the S

H-463 72 01867 BALTIMORE CITY HE	CERTIFICATE OF DEATH REG. NO. 72 01867
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) RICARDO L. HILLTARD	2. DATE Known Month Doy Year Hour
	DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HO SPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Year Hour PRONOUNCED DEAD Follows 19 1072
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 18,1972 4:30 P. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
33 JOHNS HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY 907
6. SEX 7. RACE 8. MARRIED Never MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
11-30-49 lost birthdoy Months Doys Hours Min.	2560 Aisquith Street
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
N • C • WHAT COUNTRY?	David Hilliard
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	Geneva Lawrence
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217-50-4050	Mrs. Geneva Hilliard 1927 Collingto
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Gunshot	wound of neck
LEADING TO DEATH (A)IMMEDIATE C	CAUSE
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
22A EVERDALA CALLER MASS	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	e bldg., etc.) INJURY OCCUR? 2560 Aisquith Street 22F. HOWDID INJURY OCCUR?
(AFFROX.) 2 10-72 J. 4J I. m. WORK AT W	WHILE Shot during altercation
23. I certify that I held an Inquiry Inspection Au	topsy X and that an this basis, death in my apinion
resulted fram: Natural causes Accident Suicid	
0 11/1	CHIEF MEDICAL EXAMINER
SIGNATURE hed habe	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 2/19/72
NAME (Type) Ronald N. Kornblum, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2-22-72 Baltimore	Cemetery Balto., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 2 2 1972 Pales & Jankey M. A.	Wm C March 928 E North Ave.
VS 151-REV. 1/1/6B	1 1 0 0 0

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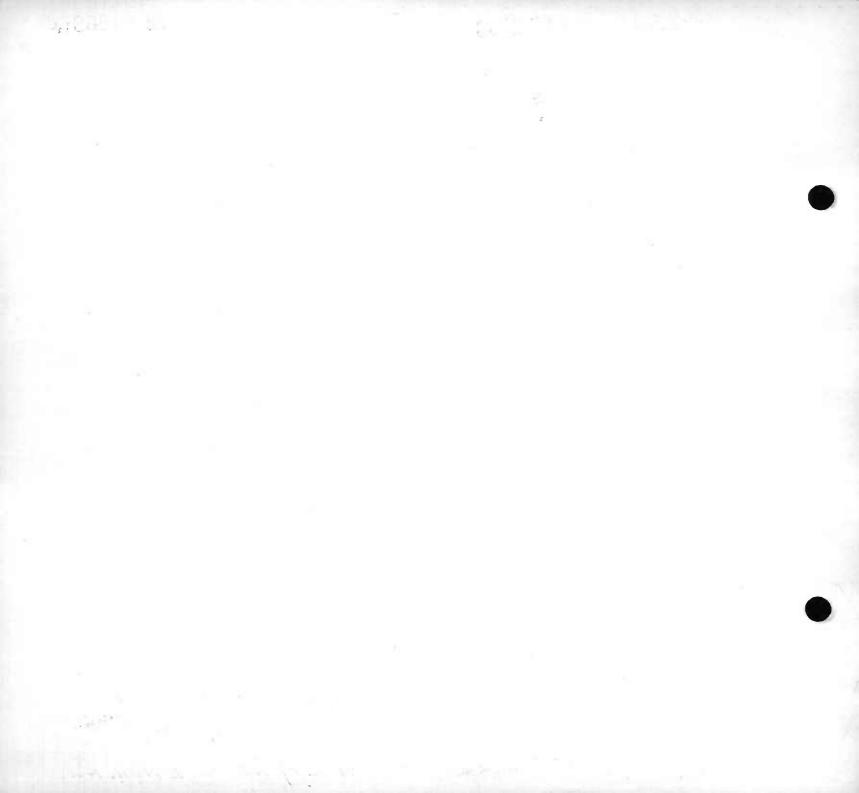
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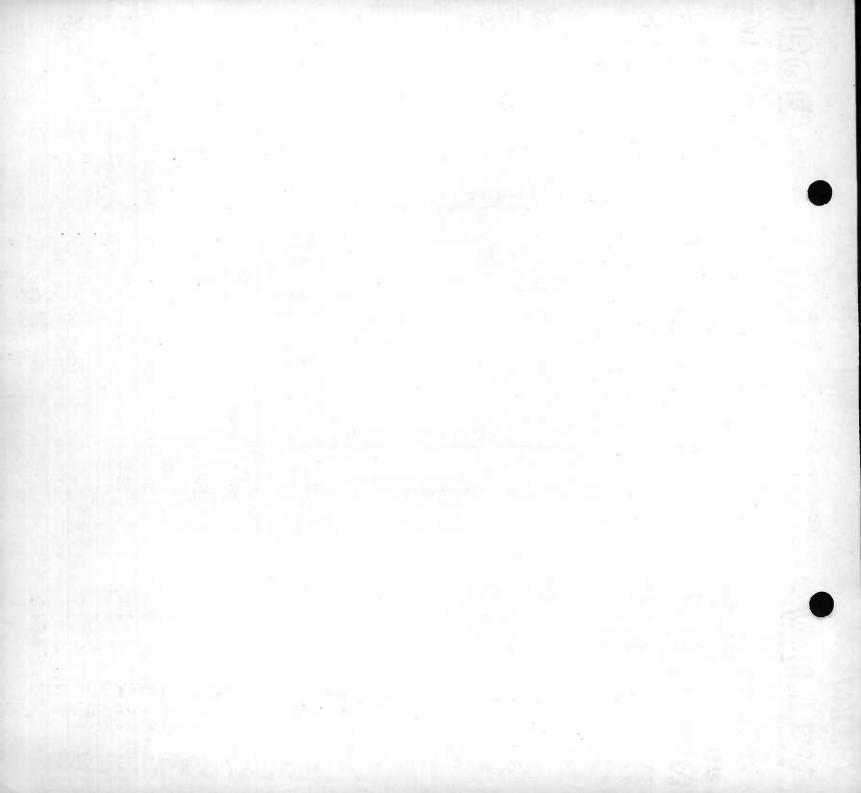
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IMPORTANT

DIRECTOR:

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FUNERAL DIRECTOR:

BIRTI	H NO.	1 /	01871	CERTIFICA		
.NA	ME OF DEC	Jessee	F.	Sutton	Feb. 14,	
3. PI	ACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD		d lived. Il institution; residence before admission
FULI HOS NST	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland Ba	D. INSIDE CITY LIMITS?
9	Ardle	eigh Nursing	Home		Sparks E. STREET AND NUMBER Stringtown Road	YES NO X
	emale	Cauc.	WIDOWED		B. DATE OF SIRTH March 23, 1885 9. AGE (In lost birthdo 86	Months Days Hours Min.
one ·	USUAL OCCU during most of v Housewi	vorking life, even if refired)	Own I		11. BIRTHPLACE (Stote or foreign country) Scotland	U.S.A.
_	ATHER'S NAA		OWIL	Tome	14. MOTHER'S MAIDEN NAME	U.S.A.
		Frank	Fyfe		Unknown	
0 8,1	as Docoosed na ar unknown)	Ever in U. S. Armed For lif yos, give wer ar dete	ces? s of sorvice!	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no			217-01-5898	Elizabeth Warehime	103 Butler Rd.
11	njury ar com	LEADING TO DEATH of mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES	the disease	DUE TO, OR AS	Arteriescleretic ACONSEQUENCE OF: Vascular	
	neart faiture, on pury ar comparts of comp	of mean the mode of asthenia, etc. It means plication which caused with the course of	the disease, death.) any, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF:	
NOT OT O	price of failure, or injury or company or co	of mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.) any, giving stating the MTRIBUTING HE TERMINAL I 1 (A).	(B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yos at No.) 20B. IF Y	
	ADISEASES OF THE DEATH OF THE D	of mean the mode of asthenia, etc. It means plication which caused with the course of	any, giving stating the MTRIBUTING HE TERMINAL I 1 (A).	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A-AUTOPSY? (Yos at No. 208, IF Y IN CERTI	disease
0 T D 2 0 D 2 0	DISEASES OF THE DESTRUCTION OF THE PROPERTY OF THE DEATH	of mean the mode of asthenia, etc. It means plication which caused in the course of th	the disease, death.) any, giving stating the MTRIBUTING HE TERMINAL TO A LONG FOR MED 1 (A). IHaus) 21E.	(B)	A CONSEQUENCE OF: Vascular A CONSEQUENCE OF: 20A-AUTOPSYT (Yos at Na) 20B, IF Y IN CERTI No 10 CERTI IN JURY OCCURY (III) 10 CERTI	disease TES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Baltimore City, give exact location)
1 20 0 1 2 0 0 1 2 1 tl	DISEASES OF THE PROPERTY OF TH	of mean the mode of asthenia, etc. It means plication which caused interest of the course of the cou	the disease, death.) any, giving stating the stating the MTRIBUTING HETERMINAL TO A LONG TO A L	OUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., it e., lorm, factory, street, of injury occurred in At Wark The deceased from Feb. 13,	A CONSEQUENCE OF: 20A-AUTOPSYT (Yos at No) 20B, IF Y No IN CERTION OF COURT 10 10 10 10 10 10 10 1	disease TES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Baltimore City, give exact location)
200 (1 2 tl s	DISEASES OF COMPANY OF THE PROPERTY OF THE DEATH SEASE OF COMPANY OF THE DEATH OF THE CONTRIBUTION OF THE	of mean the mode of asthenia, etc. It means plication which caused interest of the course of the cou	the disease, death.) any, giving stating the stating the MTRIBUTING HETERMINAL TO A LONG TO A L	VHICH OPERATION PLACE OF INJURY (e.g., in e., lorm, factory, street, of INJURY OCCURRED to At Work the deceased from Feb. 13,) (We) (did) (did mot) v	A CONSEQUENCE OF: 20A. AUTOPSYF (Yos of No.) 20B, IF Y No. 1N CERT IN CER	disease ZES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Baltimore City, give exact location) JR? OF PD - 14, 19 72
2 tl s 2:	DISEASES OF COMPANY OF THE PROPERTY OF THE DEATH ISEASE OF COMPANY OF THE DEATH ISEASE OF COMPANY OF THE CONTRIBUTION OF THE PROPERTY OF THE P	of mean the mode of asthenia, etc. it means plication which caused interest of the course of the cou	the disease, death.) any, giving stating the stating the terminal of the term	VHICH OPERATION PLACE OF INJURY (e.g., in e., lorm, factory, street, of INJURY OCCURRED to At Wark the deceased from Feb. 13, (We) (did) (did mot) v	A CONSEQUENCE OF: 20A. AUTOPSYT (Yos or No) 20B. IF Y IN CERT 20A. AUTOPSYT (Yos or No) 20B. IF Y IN CERT 10	disease ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Baltimore City, give exact location) JR? o Feb. 14, 19 72 (bor) apinian death occurred on the d 238. DATE SIGNED Feb. 14, 1972
200 C 21 c 2 c 1 d 2 c 2 c 1 d 2 c 2 c 2 c 2 c 2 c 2 c 2 c 2 c 2 c 2	DISEASES OF SEASES OF THE DEATH (notify) 1D. TIME F INJURY APPROX.) 2. I certify that (I) (we) and haur and BA. SIGNATURE OF THE DEATH (NOTIFY) APPROX.) 3C. PHYSICIAN NAME (TY)	of mean the mode of asthenia, etc. it means plication which caused interest of the course of the cou	the disease, death.) any, giving stating the stating that stating the stat	VHICH OPERATION PLACE OF INJURY (e.g., in e., lorm, factory, street, of INJURY OCCURRED to At Work the deceased fram Feb. 13,) (We) (did) (the mot) v	A CONSEQUENCE OF: 20A. AUTOPSYF (Yos of No.) 20B. IF Y No. 1N CERTION 10	disease Tes, Were findings considered Fring causes of death? In Baltimore City, give exact location) IR? o Feb. 14, 1972 (our) apinion deoth occurred on the death of the death occurred on the death occurred occurred on the death occurred occurred on the death occurred

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

(7			BALTIMORE CITY	HEALTH DEPARTMEN		MO 04 0M0
BIR) - 42/ TH NO.	72 01	872	CERTIFICA	TE OF DEATI	H REG. NO	72 01872
	AME OF DEC	EASED ELMER E	S. SHE	LLKOPF	2. DAT	E AND HOUR OF DEAT	н о
,,	, o or • mm,	-ELMER		SHEET FOR		2/1877	2 8 P.M.
	Ton or Tree	TIMORE, MARYLAND, W			A. STATE B. C	OUNTY	institution; residence before admission)
FU	LL NAME OF	ADDRESS OR LOCA	AL OR INST	ITUTION, GIVE STREET	Maryland C.CITY OR TOWN	Baltimor	re SIDE CITY LIMITS?
INS	MONUTE				Baltimore	D. 11	YES NO X
2	Marulan	d General Hos	nital		E. STREET AND NUMB	ER	163 140 161
	nar y ran	d demeral nos	priai		3439 Dayta		
5. \$	EX	6. RACE	7- MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His.
Ma	le	Caucasian	WIDOWE	DIVORCED	Aug. 21, 190		
			108 KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12 CITIZEN OF WHAT COUNTRY?
	oductio	working life, even if refired)	Westi	nghouse	Donnardennia		II. C. A
	FATHER'S NAM		WESTI	ngnouse	Pennsylvania		U.S.A.
		n F. Shellkop			Cora Bell	e Wray	
15. (You	Was Deceased Line of unknown	Ever in U. S. Armed For Ulf yes, give war or date	ces? as of service	SECURITY NO.	17. INFORMANT		ADDRESS
	No			169-09-5914	Mrs Lillian	S. Shellkonf	Same as #4E
	18. / (2)	. /		CAUSE OF DEAT	H	O - OHELTKUIN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY		1 1 1	+ 0 0	BEIWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) MMEDIATE CAL	ISE Melasla	be Call	me / 41.
	(This does n	of mean the mode of astheria, etc. It means	dying, e.g	DUETO OP AS	A CONSEQUENCE OF:		X
		plication which caused					U
		ANTECEDENT CAUSES		414			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A				A CONSEQUENCE OF:		
	rise to the	above cause (A)					
	UNDERLYING	3 CONDITION last		(c)			
~		11					
ē	OTHER SIGNIF	ICANT CONDITIONS CO H BUT NOT RELATED TO T	NTRIBUTINO HE TERMINA				
3	IDISEASE OR C	ONDITION GIVEN IN PAR OPERATION 119 L CON	T T (A)		120A ALIPOREVA Non	on Mall 200 IE Vee Wee	E EINDINGS CONSIDERD
CERTIFICATION	O ALE OF	WAS PER	PORMED	WHICH OFEKATION	TOWN OLD LANGE A	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
3	21A. ACCIDE	NT WAS UNDERLYING	1 12	IR PLACE OF INJURY (e.g.,	n or about 21 C. WHERE D	ID (If in Boltim	nore City, give exect location)
1	OR CONTRIBL	NT WAS UNDERLYING TINO CAUSE OF medical examined	h	ome, form, factory, street, o	lice bidg. INJURY OCCU	K7	
MEDICAL							
밀	OF INJURY	(Manth) (Doy) (Year)		E INJURY OCCURRED		INJURY OCCUR?	
12	(APPROX.)			Vhile At Work Not While At Work			/
	22. I certify	that Mac(this hospital	1) attended	the deceased from _/	1/27	19 77 to	2/18 19/7
		last saw the decease		21.01-	2 10 00	ad that in (my) (our) o	pinion death accurred on the date
		•		(1) (\tal) (did) (did mat)			
	23A. SIGNATU		red obove.	(i) (Asst (gig) (sessions)	view the body after de-	orn.	238, DATE SIGNED
	237.31014	0 10	1	And	ending Med.	¬ Shiff □¬	5/10/2
	Va	ul h. Ill	chi	M DEGREE Phy	s. L. Director L	Staff Phys.	1 2 18 17
1	23C. PHYSICIA	vpe)			23D. ADDRESS		
	KI	ARI LI	VICCH	VR. MOESUE			
24/	BURIAL CRE	MATION, 248. DATE	24C.	NAME OF CEMETERY OF CR	EMATORY 24	ID. LOCATION	(City, town, or county) (State)
	Burial		2 1	loghony Comot		Dittala	D 1
25.	A. DATE REC'D	2-24-7 BY HEALTH DEPT.		legheny Cemeter	25C. FUNERAL DIRE	Pittsburgh	Pennsylvania ADDRESS
	cen 0	2 1077 0 3	2 000	See To a			
-	1528Y4		1	19-2	Jwm. Cook-B	nooks Towson,	Inc. Towson, Md.
115	150-REV. 1/1/						

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111	,		BALTIMORE CITY	HEALT	H DEPARTMENT		79 (11873
C-416	ALVERT 72 0:	1873	CERTIFICA	TE C	OF DEATH	REG. I	No.72	1010
I, NAME OF DE	CEASED				2. DATE AN	D HOUR OF	DEATH	
(Type or Print)	Whiteldt, Edward	B. Ca	lvert			8/72		7:00 A M.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STA		re deceosed liv ITY	ed. If institutio	n: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET		aryland			2535
HOSPITAL OR			77		OR TOWN		D. INSIDE CIT	
	eterans Admini			11	altimore		YES	NO NO
	900 Loch Raver				EET AND NUMBER	CI		
5. SEX	altimore, Mary				2301 Cedley	9. AGE (In year	ors I If II	nder 1 Yr. , If Under 24 Hrs.
Male	White	WIDOWED	NEVER MARRIED DIVORCED		22/88	lost birthdoy)	Mont	hs Doys Hours Min.
	UPATION (Give kind of work				HPLACE (State or fore			CITIZEN OF WHAT COUNTRY?
done during most of	f working life, even if retired)			-87				
					timore, Md			USA
13. FATHER'S NA					THER'S MAIDEN NA	ME		
Joseph	B. Calvert					Molly Bl		
15. Wos Decease (Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFO	RMVATHospita	al Recor	ds	ADDRESS
Yes	6/24/18 - 2/		218-09-8145	390	00 Loch Rave	en Blvd.	, Balto	., Md
1B. 4.4	41,20		CAUSE OF DEATI	1				APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY	Cardi	o-pul	monary arre	est		BETWEEN CHOSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU					
	nat mean the made of , asthenia, etc. It means		DUE TO, OR AS					
injury ar ca	mplication which caused	d abdominal aneurysm			Hours			
	ANTECEDENT CAUSES (B)							
	OR CONDITIONS, if		DUE TO, OR AS	al aortic aneurysm			l Year	
	ne abave cause (A) G CONDITION last,	stating the	(C)		or or anear,	, 0111		4 4004
	11							
O OTHER SIGN	FICANT CONDITIONS CO							
▼ DISEASE OR	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	T 1 (A).	***************************************					***************************************
19A. DATE O	F OPERATION 198 CON	DITION FOR W	HICH OPERATION	20 A.	AUTOPSY? (Yes or No	IN CERTIFY	WERE FINDIN	IGS CONSIDERED OF DEATH?
E	THE WAS INDEDICATED	1020	NACE OF INCOME.		YES	96.1	Yes	
OR CONTRIB	ENT WAS UNDERLYING THE	home	PLACE OF INJURY (e.g., i form, foctory, street, of	fice bldg	INJURY OCCUR?	(It in	Boltimore City,	give exoct location)
U	y medicol exominer	etc.)						
21 D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
(APPROX.)		While		e 🗌				
22. 1 certif	y that (1) (this hospital) attended the	e deceased from F	ebrua	ry 15th	19 72 to	Februar	y 18th 19 72 .
that (f) (we) last saw the decease	d alive on	February 18t	h1	9 72 ond th	at in (phy) (o	ur) opinion d	leath occurred on the date
	nd from the causes star							
23A. SIGNAT		,,,					23B, I	DATE SIGNED
Bar	lean Ben	2001 4 -00	n MD Atte	nding [Med.	Staff Phys.		2-18-72
23C. PHYSICI	ANS	rran	DEGREE	23 D. A DI		Joch Rav	on Boul	orrand
NAME	Barbara Ber	emann 1			3,00 1	nore, Ma		
24A, BURIAL CR	EMATION, 248, DATE		ME of CEMETERY OF CRI	MATOR		OCATION		rn, or county) (Stote)
REMOVAL	(Specify)							, , , , , , , , , , , , , , , , , , , ,
Buria	1 2-22-7	2 Mt.	Olivet Cemet			timore,		Maryland
ZJA. DATE REC	D BY HEALTH DEPT.	25B, NAME OF	Les R. L.		FUNERAL DIRECTO			ADDRESS
FEB	To the same of the			Wm	. Gook-Brod	ks Towsc	on, Inc.	Towson, Mary land
VS 150-REV. 1/1	/6B							

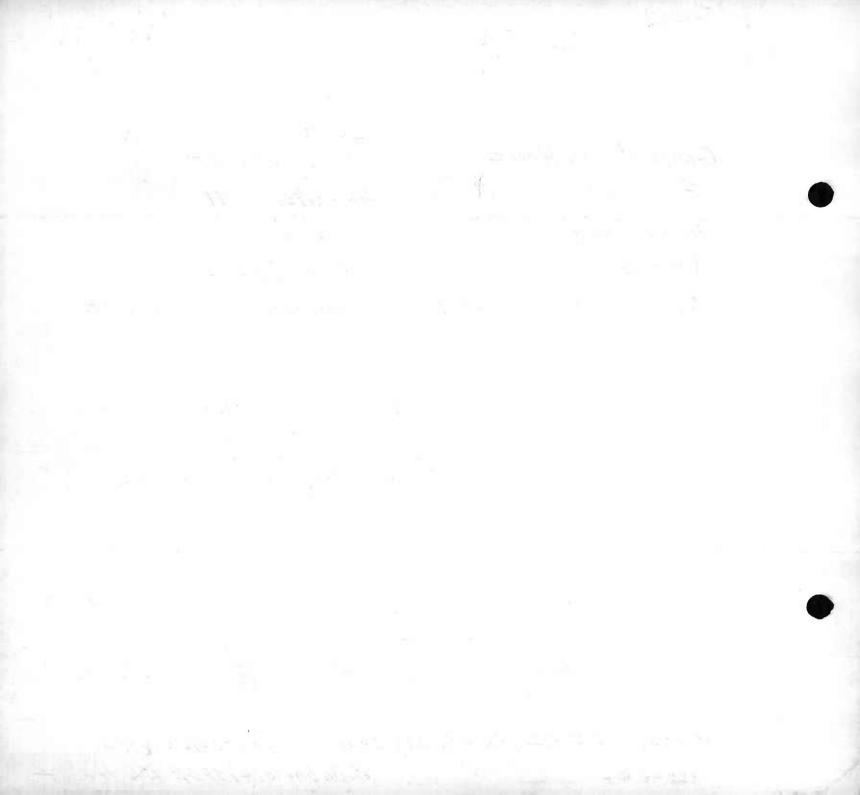
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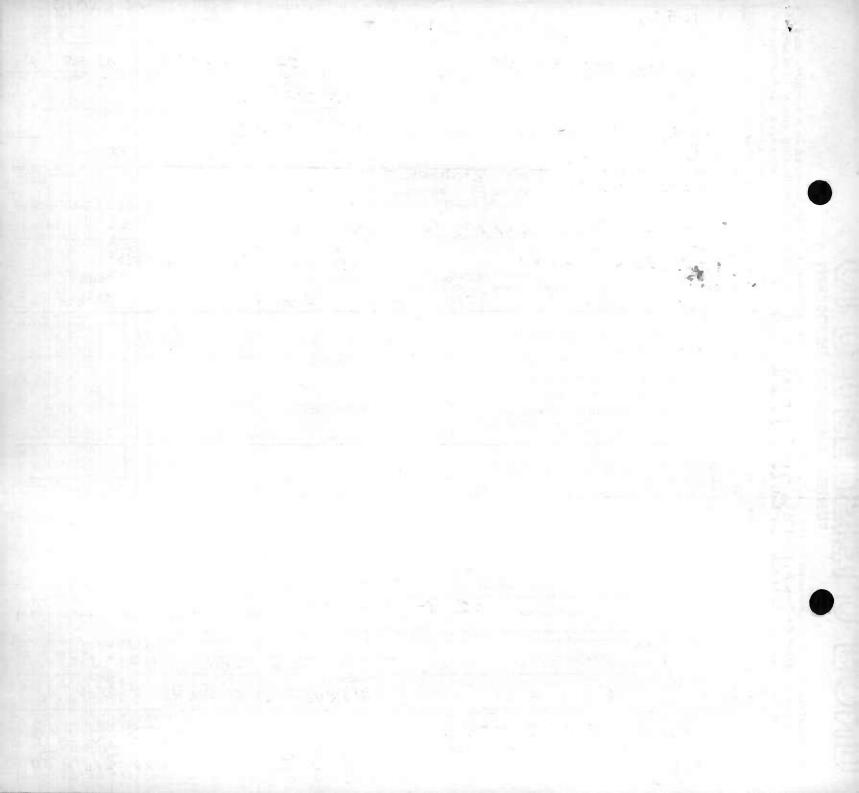
IMPORTANT

DIRECTOR:

FUNERAL

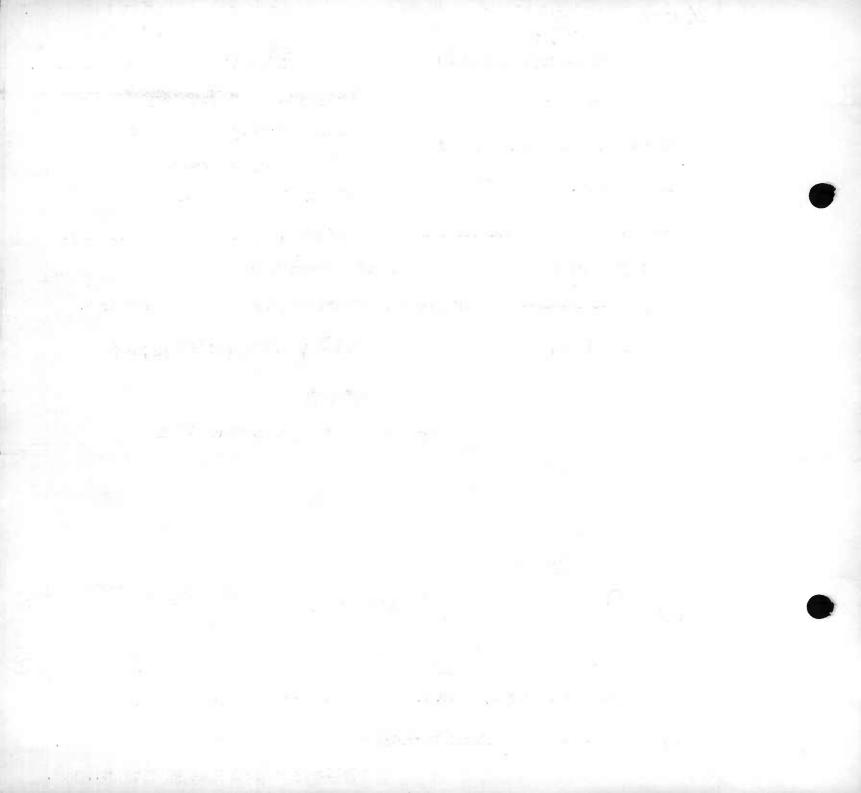


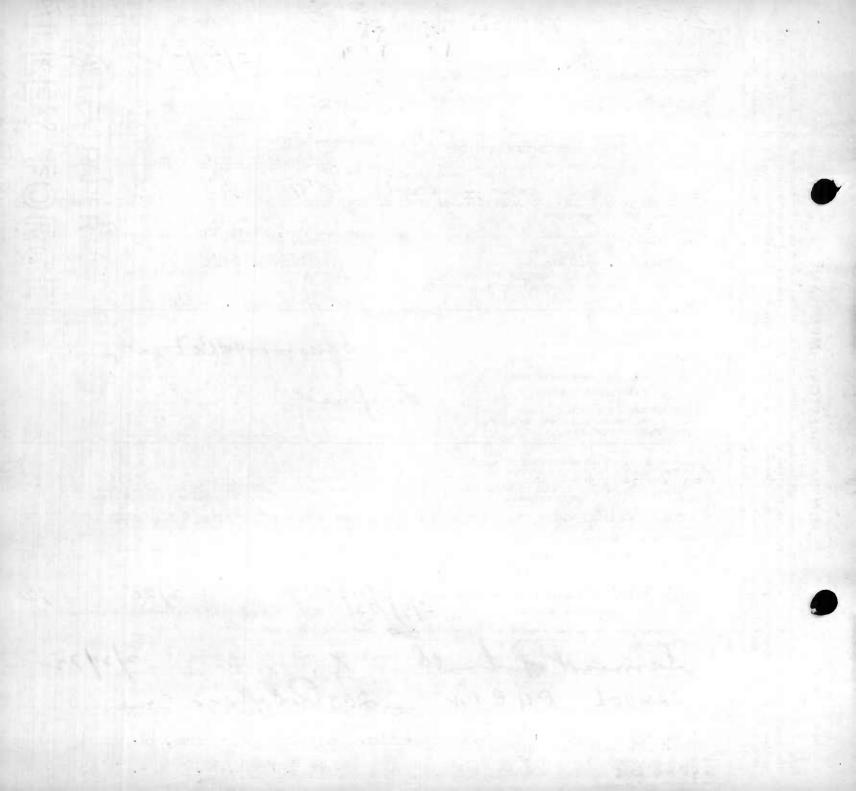
Λ	1 = 1		BALTIMORE CITY	HEALTH DEPARTMENT		/2 018/5			
BIRT	1-520 HNO.	2 0187	5 CERTIFICA	TE OF DEATH	REG. NO.				
	AME OF DECEASED				D HOUR OF DEATH				
стур	FERDINANA.	MANNS		02.1	18-1972	106.30 Pm			
3, 8	LACE IN BALTIMORE, MARYLAN		UNCED DEAD	4. USUAL RESIDENCE (When	e deceased fived. If ins				
FUI HO	L NAME OF (IF NOT IN HOS SMTAL OR ADDRESS OR	OSPITAL OR INSTIT	UTION, GIVE STREET	MD 21206 C. CITY OR TOWN		2734 DE CITY LIMITS?			
		NERAL I	HOSPITAL	BALTIMOR E. STREET AND NUMBER		YES NO NO			
	BALTO - MD			3805 EV		AV-			
5. SI	TALE WHITE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 07-26-07	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Days Haurs Min.			
	USUAL OCCUPATION (Give kind o			11. BIRTHPLACE (State or forei	67				
done	during most of working life, even if reflections of the control of	ired)	OL Co.	BALTO, MA.		U. S. A.			
13. F	ATHER'S NAME			14 MOTHER'S MAIDEN NAM	AE	1			
G	70/65	NN5		SUSAN S	TANSBURY				
15, V (Yes,	res Deceased Ever in U.S. Arme no or unknown) (If yes, give war or	d Forces? doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS			
	No		214-01566	2 FAMILY	/	SAME			
	DISEASE OR CONDITION LEADING TO DE		CAUSE OF DEATH	Emvasive C	2 of bla	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	(This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ca	eans the discose.	DUE TO, OR AS A	CONSEQUENCE OF:	a of our				
	ANTECEDENT CAN	USES	(8)			Charles Action			
	DISEASES OR CONDITIONS,	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************			
	rise to the above cause UNDERLYING CONDITION last	(A) stating the	(c)						
H	11		(0)			***************************************			
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	TO THE TERMINAL	************************						
CERTIFICATION	19A. DATE OF OPERATION 119B.	CONDITION FOR SPERFORMED		20 A. AUTOPSY? (Yes or No)	208 IF YES, WERE F	INDINGS CONSIDERED			
. 0	21A. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	NG 21B hom etc.	PLACE OF INJURY (e.g., in e, farm, factory, street, offi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)			
ED	21D.TIME (Month) (Day) () DF INJURY	fear) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
2	(APPROX.)	Whi	ile At Not While						
-	22. I certify that (I) (this hos	pital) attended t	he deceased from	1	9to	19			
1	that (I) (we) last saw the dec	eased alive an	53. 48. 02-1	18 19 72 and the	ot in (my) (aur) apin	lan death occurred on the date			
		and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.							
	3A. SIGNATURE	Za	Atten Phys.	ding Med.	Staff Phys.	02 · 18 · 72			
-			DEGREE THYS.	- Director -	rnys.				
1	23C. PATSICIAN'S NAME (Type)			3D. ADDRESS		1/			
	PAME (Type)	- A			GENERAL	1/			
	BURIAL CREMATION, 248, DAT REMOVAL (Specify) BURIAL 2-2			MARYLAND MATORY 24D. LO		1/			
24A.	BURIAL CREMATION, 248, DAT REMOVAL (Specify)		DEGREE DEGREE	MARYLAND MATORY 24D. LO		HOSPITAL			



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

./			DALTIMODE CITY	115 41 511 5 55 4 55 4				
H-521	-	> 040		HEALTH DEPARTM		. No. 175	0407	0
BIRTH NO.		2 018	76 CEŘTIFICA	IE OF DEA	III /	12	0701	0
1. NAME OF DECE (Type or Print)	Hansbur	g, Fra	ncine		2/16/72	PEATH	1:	25 p
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE (Where deceased	lived. If institu	tion: residence be	efore admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Marylan	. COUNTY	gomery		00
INSTITUTION	ADDIESS OR EOC	110117		C. CITY OR TOWN		D. INSIDE C	CITY LIMITS?	
2 2mb -	T-11		C.PO. LOS	Silver		YE	SEN NO	
The	Johns Hopk	ins Ho	ospital	E. STREET AND NU				
5. SEX	6. RACE	19			eorgia Av		7	
Female	Cauc.	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 12/02/4	2 9. AGE (In lost birthdoy)	29	Under 1 Yr. If onths Days Ho	Under 24 Hrs.
IOA, USUAL OCCU	PATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slat	e at loreign country)	12	CITIZEN OF WE	HAT COUNTRY?
Housewi	rorking tife, even if retired)			Mochineton	D C		II C	Α .
13. FATHER'S NAM				Washington			U.S.	Α.
	7 3							
	ry London				iberg			
(Yes, no of unknown)	Ever in U.S. Armed For Uf yes, give wor ar date	ces? s of service)	SECURITY NO.	17. INFORMANT			ADDRESS	
No			UNKNOWN	Edward Han	sburg	Sa	ame as 4.	
18. 4. P	/ ₂ / ()		CAUSE OF DEATH					ATE INTERVAL
DISEASE	OR CONDITION DIS	RECTLY		anon.	0	Mil.	BETWEEN ON	NSET AND DEATH
5 m / 15 m - 15 f	EADING TO DEATH		(A) IMMEDIATE CAU	C. HK DIO	RESPINA	ANY AM	next	
hearl failure, a	I mean the mode of isthenia, etc. II means dication which caused	the disease,		CONSEQUENCE OF:				********
	NTECEDENT CAUSES	ded inter	+	1 VParia			1	
			(B)	ILLAMIA				*****************
rise la lhe	CONDITIONS, if a bave cause (A) CONDITION last	any, giving slaling lhe	10 AS PIM	A CONSEQUENCE OF	Weymon	TIS		
4			(0)					***************************************
E ITO THE DEATH	II CANT CONDITIONS COI BUT NOT RELATED TO TH	IE TERMINAL						
DISEASE OR CO	NDITION GIVEN IN PART	1 (A).		100 4				***************************************
	OPERATION 198 CONT WAS PERF	ORMED	VHICH OPERATION	NO NO	IN CERTIF	S. WERE FINDS	INGS CONSIDER	RED
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	21B. hom	PLACE OF INJURY (e.g., in e, form, foctory, street, aff	or obout 21C. WHERE	DID (If I	n Boltimare Ctty	y, give exact laco	tian)
9								
S OF INJURY	(Month) (Day) (Yeor)		INJURY OCCURRED		DID INJURY OCCUR	?		
(APPROX.)	4	Was	le At Not While				13 CVus	
22. I certify t	hat (1) (this hospital)	ottended ti	FB-16 135M	1- 16	19 7 Z to	Feb. 11	123760	19 77
		4			ond that in (my)		death accurre	d on the dote
and hour and	from the couses stat	ed obover (1	(We) (did) (did not) vi	ew the body ofter	deoth.			
23A. SIGNATUR		al		ding Med.	Staff V	23 B.	DATE SIGNED	1977
23C. PHYSICIAN NAME (Typ	rs	V	DEGREE Phys.	3D. ADDRESS	Phys.		120 / 6 /	110
NAME (Typ	Michael	Karpf	M.D.		s Hopkins	Hospi	tal	
24A. BURIAL CREM REMOVAL (Sp	ATION, 24B, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, ta	wn, ar caunty)	(Stale)
Burial	2-18-72	Nat	ional Memorial	Park	Falls Ch	urch		Va.
25A. DATE REC'D	Y HEALTH DEPT.	258 NAME C	FREGISTRAR	25C. FUNERAL DI			ADDRE	
FEB28 19	72 Mass E	Valley.	46 0 0 c	Goldberg	Funeral Ho	me 42179	9th St.,	N.W.





VS 150-REV. 1/1/68

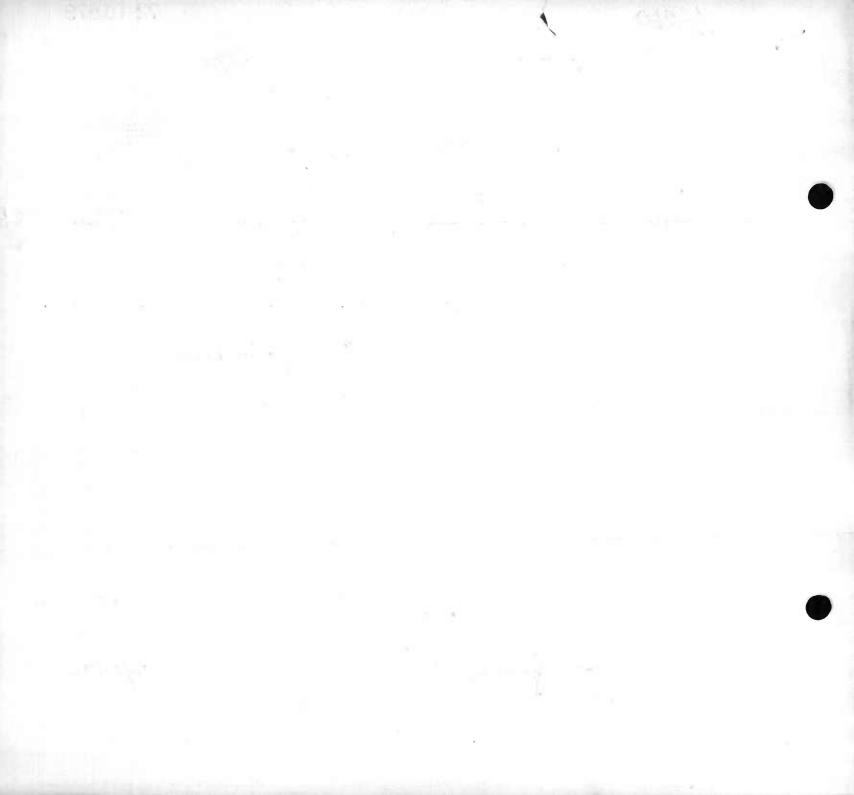
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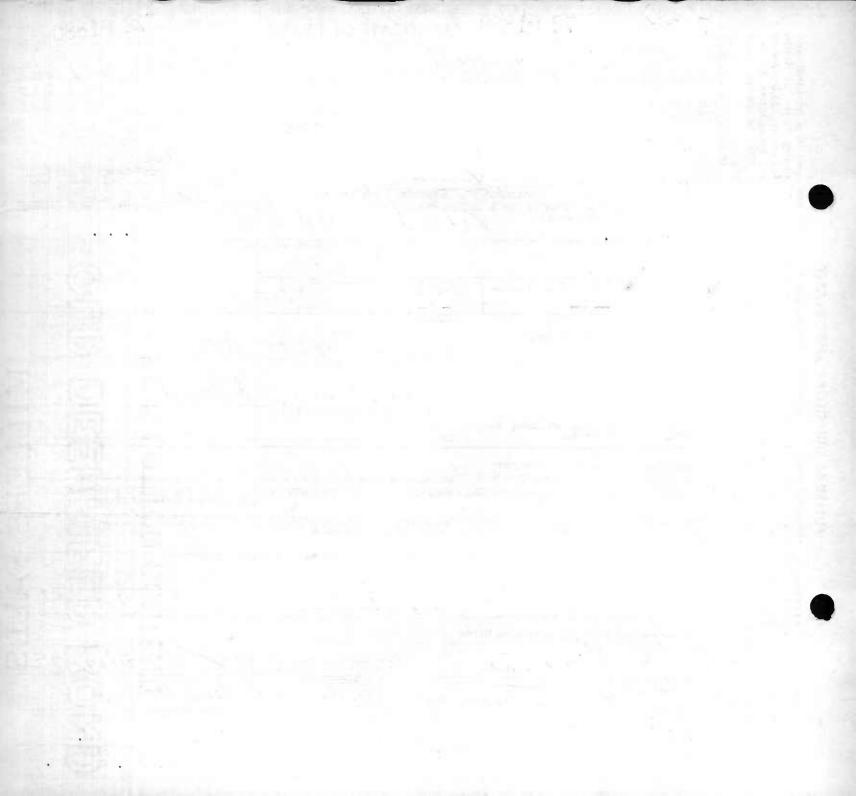
Cordent West House W.

	7.50.5	BALTIMORE CITY HEALTH DEPARTMENT 72 01879 EIRTH NO. REG. NO. REG. NO.
	death death sceased on the	1. NAME OF DECEASED (Type or Print) Marie M Bizzarri 2. Date and Hour of Death 2/20/72
	hospit ise of (5) De ance death	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN 14. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. GOUNTY C. CITY OR TOWN 10. INSIDE CITY LIMITS?
	d in cau	108 S. Curley Street Baltimore E. STREET AND NUMBER 108 S. Curley Street
	death occurred in t or contributing Undetermined ca as in regular att e deceased prior	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours lost highday) Nonths; Doys Hours Min. WIDOWED DIVORCED 9/8/177 10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) (12, CITIZEN OF WHAT COUNTRY)
	death t or co Undete as in a	(andy (utter) Goetze (andy Co. Maryland USA
Z	areter if	13. FATHER'S NAME John Baranowski Sophia Harchut 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
4	sista the kind deat nce o	No No. Rita M. Conroy 108 S. Curley St.
IMPORT	Also, ire of an nounce attend	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,
CTOR:	xaminer. A fractul who proper	ANTECEDENT CAUSES (B)
DIRECTOR	6 X @ B	DISEASES OR CONDITIONS, il any, giving nse to the above cause (A) stating the UNDERLYING CONDITION tost (C)
RAL	medical of pures; (3 physician was in eremains	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). U 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION (20A-AUTOPSY) (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
FUNERAL	tal by a metal by a metal by a metal by a metal behind by by here the phytophysician before the re	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID
		DEATH (notily modical examines) etc.) 21D.TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	pro the ny axc an	22. 1 certify that (1) (this hospital) attended the deceased from 5// 197/ to 197/
	15 d t d	that (1) (we) last saw the deceased alive an
		23A. SIGNATURE Attending Med. Shoff 23B. DATE SIGNED 23C. PHYSICIAN'S 23D. ADDRESS 23A. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S 23D. ADDRESS
	An An prio	Julius H Goodman MD 24A- BURIAL CREMATION, 24B- DATE 24A- BURIAL CREMATION, 24B- DATE
	bod ws: D.C	Burial 2/24/172 St. Stanislaus Cemetery Baltimore, Maryland
	This the sho was	FEB 23 1972 Pages Language A.D. 13000 E. Baltimore St.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	11/10	e to	5100	BALTIMORE (CITY HEALTH	DEPARTMENT			
	7 - 900 TH NO.		0188	O CERTIFIC	CATE C	F DEATH		72 (1880
	AME OF DECE	6 my	B	1tall		2	19-7	2 10	1 10 m.
3.	LACE IN BALT	MORE MARYLAND W	HERE PRONO	UNCED DEAD	A. STAT	L RESIDENCE (Whe	re deceased lived. If i	nstitution: residen	ce before admission)
FU HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION)	IUTION, GIVE STREET	c. CITY	ORTOWN	D. INS	SIDE CITY LIMITS	1404
2	0 1	11- 0	12.	- 1		altimore		YES U	NO 🗌
	80.13	nlto Ge	1 100	s p	i S	7 NU	erside C	lue.	
5. 5	A -	6. RACE	7- MARRIED	NEVER MARRIED		OF BIRTH	9. AGE Un years	Months Days	if Under 24 Hrs.
	m	W	WIDOWED			31-99	12		
		PATION (Give kind of working life, even if refired)		1.	STRY 11. BIRT	IPLACE (State of fore	gn country)	12. CITIZEN C	FWHAT COUNTRY?
~	ationary			Renked		Ma.		U.S.	4.
	FATHER'S NAM				14 MO	HER'S MAIDEN NA	ME		
1	He	ry Hall				elia Howar	1		
15.		ever in U. S. Armed For Of yes, give war or date	cos?	1 & SOCIAL	17. INFO	RMANT		ADD	RESS
(Ye		Uf yes, give war or dak	s of service)	SECURITY NO.	201	WIT	2-E.		
	18.	Projecting Date Magazine		216-10-770 CAUSE OF D	10 A			APP	PROXIMATE INTERVAL
	0	OR CONDITION DI	DECTI V	CAUSE OF D	-		Λ	BETWE	EN ONSET AND DEATH
		EADING TO DEATH	RECILI	(A)IMMEDIATE	CALLES	MRDIAC	ARRES	51	
		t mean the mode of		DUE TO, OF	R AS A CONSE	QUENCE OF:			
		isthenia, etc. It means ilication which coused		01	,		100		
	A	NTECEDENT CAUSES		· Ch	R. L	me	diseas	e.	
	DISEASES OF	CONDITIONS, if	any, giving	DUE TO, O	R AS A CONS	QUENCE OF			
	rise to the	above cause (A)							
	UNDEKLING	CONDITION lost.		(c)					
CERTIFICATION	TO THE DEATH	ANT CONDITIONS CO	HE TERMINAL					,	
S		DERATION GIVEN IN PAR	DITION FOR	WHICH OPERATION	20A.	AUTOPSYT (Yes or No	IN CERTIFYING CA	FINDINGS CON	ISIDERED
KTE	2	WAS PER	PORMED	-		V	IN CERTIFIEND CA	AUSES OF DEAT	H7
CAL CE	OR CONTREU	T WAS UNDERLYING THE CAUSE OF medical examined	21 horesto	B. PLACE OF INJURY (come, form, factory, street,	e.g., in or abou et, affice bidg.	21C WHERE DID	(il In Beltimo	ore City, give exo	ct location)
MEDIC	21D. TIME	(Month) (Day) (Year)	(Hous) 21	E INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
\$	OF INJURY		w		While D				
	20 1 46	1 - 46 (-11 - 1 - 14-			7	7 -	19 22 to 2	- 19	19.7.2
		that (1) (this hospita		2 16					The state of the s
		ast saw the deceas					at in (my) (our) op	inion deorn oc	curred an the dote
		from the couses sto	ted obove.	(l) (We) (did) (did no	ot) view the	body ofter death.		100 B 48 B 616	
	23A. SIGNATUI	17/0-5	-		Attending [H-4 -	SLE 17	23B. DATE SIG	MED
		Illia	un	DEGREE	Phys. L.	Med. Director	Staff Phys.	2/1	9-12
	23C. PHYSICIAI	pel	C		23D. ADI	_	1001	Hosp.	
		Kiama	0 31.	ALTAAN DE	GREE 16	So. BALT	0 6EN 1	Mosp,	
24	REMOVAL (S	AATION, 248. DATE	24C. N	AME OF CEMETERY OF	CREMATOR	24D, 1	OCATION (C	City, town, or cou	inty) (State)
	Burial	2/23/	72 Ne	w (athedral	(emeter	4	Baltimore		Md.
25.	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR		FUNERAL DIRECTO		100 C T	DDRESS
	FEB 23	1972 Robert	230	2 20 0	0 1	ic Cully Fu	neral Homes	130 C.Fa	ont Ave.
L.	150-REV. 1/1/6	8		7-17-	1 2	7200			



10-650 72 0188
BIRTH NO.
1. NAME OF DECEASED LUTHER
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)
SOUTH BALTIMORE GEN
5. SEX 6. RACE 7. MAR
MALE WHITE WIDO
10A, USUAL O CCUPATION (Give kind of work 10B, KIN
done during most of working life, even if retired)
Salesman Ba
13. FATHER'S NAME
JT Brown
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or doles of serv
yes WW 11
18. / 6 2 . /
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the disc
injury or complication which coused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, gi
rise to the above couse (A) stoting UNDERLYING CONDITION lost.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI
TO THE DEATH BUT NOT RELATED TO THE TERMI
DISEASE OR CONDITION GIVEN IN PART 1 (A).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 17B. CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1
U 21A. ACCIDENT WAS UNDERLYING
L LOP CONTRIBITING TICALISE OF ""
0 210 2145 (44-41) (9 1 67 1 47
DEATH (notify medical examine) 21D-TIME (Month) (Day) (Year) (Hour) OF (NJURY
(APPROX.)
22. I certify that (1) (this hospital) attend
that (1) (we) lost saw the deceased alive
ond hour and from the couses stoted above
23A. SIGNATURE
N'S/104 P. 10
23C. PHYSICIAN'S
NAME (Type)
NELSON R. DE
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)
BUKIAL Y-71-12 (
25A. DATE REC'D BY HEALTH DEPT. 25B. NA
FEB 23 1972 Vallet 4. da

BI	0-650 72 0188	04	HEALTH DEPARTMENT TE OF DEATH	REG. NO	72 01881			
1,	NAME OF DECEASED LUTHER	A - BROWN	2. DATE AL	ND HOUR OF DEATH	7 35			
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution; residence before admission			
FI	ULL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUN Md AA CO C. CITY OR TOWN Pasadena	NTY	SIDE CITY LIMITS?			
12	SOUTH BALTIMORE GER	VERAL HOSPITA.	E. STREET AND NUMBER 917 Duvall His	ohwau.	YES NO X			
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. , If Under 24 Hrs. Months: Doys Hours Min.			
J.	MALE WHITE WIDO	WED DIVORCED		last birthdoyl	Months Doys Hours Min.			
do		of Business or Industry	11. BIRTHPLACE (Stote or fore		12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
	J T Brown		(indy Lee 1	Anderson.				
15.	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
	Yes WW 11	03 16 7339	Mrs Jeanne B	rown	SaME			
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death,)	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	24.063				
	ANTECEDENT CAUSES	F/10 P	ILA (SA)	RCTPLET	(24.			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving (B) ESO PHAGEAL OBSTRUCTION DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the above couse (A) stoling UNDERLYING CONDITION lost.	1he (c) =50P						
	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL						
CERTIFICA	19A-DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?			
₹ S	21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nosity medical examines)	218. PLACE OF INJURY (e.g., in home, form, factory, street, olf etc.)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(il In Boltimo	pre City, give exect location)			
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF (NJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not While At Work	21F. HOW DID INJ	URY OCCUR?				
1	22. I certify that (I) (this hospital) attend			2-	73/ 30 - 3			
	that (1) (we) lost saw the deceased alive	± 1 1-0	-7	19 <u>7 z</u> ta ot In(my) (aur) op	Inion death occurred on the date			
	ond hour and from the couses stoted abay	e. (1) (We) (did) (did not) vi						
	23A. SIGNATURE N'S SOU R. LS	Atter	ding Med.	Staff 🔽	23B. DATE SIGNED			
	23 C. PHYSI CIAN'S NAME (Type)	DEGREE Phys.	3D. ADDRESS	Staff Phys.	Feb. 18,1472			
	NELSON R. DE	LARA DEGREE		LT. 6E	W. HOSPITHE			
24	REMOVAL (Specify) 248. DATE 24 24 24 24 24 24 24 24	C.NAME of CEMETERY OF CRE	MATORY 24D. LI	ELRIP I	ity, town, or county) (Stote)			
25	A. DATE REC'D BY HEALTH DEPT. 1258-MAI	MA OF REGISTRAR	25C, FUNERAL DIRECTOR	LN BUKKI	IF 1919 CO THU!			
		Ber HU. D. O	Mc Cillist	H. MIH	Tick Jack Alba			
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11 755 70 000	BALTIMORE CITY	HEALTH DEPARTMENT		ma 0400	0
H-355 72 0188	SE CERTIFICA	TE OF DEATH	REG. NO.	15 0799	2
I, NAME OF DECEASED	\	2, DATE ANI	D HOUR OF DEATH		13
(Type or Print) Edmund	J. Huttma				10 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	deceased lived. If in	nstitution: residence	before admission).
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND	1 19 -	5	29 00
NSTITUTION H Amer Hos	p-	BALTO.	D. INS	YES N	10 🕅
1000	NA	E. STREET AND NUMBER		123 1	لم
Caton & Wilkens -	Une	504 CAR	Isbad Co	ourt .	21227
SEX 6. RACE 7- MARRI	IED NEVER MARRIED	1	AGE (In years ast birthday)		If Under 24 Hrs. Hours Min.
19AIE While WIDOW		3-24-04	67		<u> </u>
0A, USUAL OCCUPATION (Give kind of work 10 B, KIND one during most of working life, even if retired)		II. BIRIMPLACE (Stote or foreig	(n country)		VHAT COUNTRY?
	-Né.	MARYIA	49	0.5,1	4.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1 /	11	
S. Was Deceased Ever in U. S. Armed Forces?	i 6 socia:	17. INFORMANT	ET KI	Elly	c
(es, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	Magazit	D. H.	. 7	4 (7
700 0	CAUSE OF DEAT	MARGARE!	ATT1,43	38 BURL	DAKKLI
DISEASE OF CONDITION DIRECTLY	CAUSE OF DEAT		71	BETWEEN	
LEADING TO DEATH	(A)IMMEDIATE CAL	Cronay o	Humb	cais 2 to	arus
(This does not mean the made of dying, the heart failure, asthenia, etc. It means the disease	P.G., DUF TO OR AS				
injury or camplicalian which coused deoth.)	2	1. 1.	11 +(1)	1	
ANTECEDENT CAUSES	(B) CENY	evancure?	HAN DE	Leene	
DISEASES OR CONDITIONS, if any, giv		A CONSEQUENCE OF:			
UNDERLYING CONDITION last.	(C)	***************************************			
li li					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE	FINDINGS CONSID	FRED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?	CHLO
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimor	re City, give exoct lo	cotion)
DEATH (notify medical examiner)	etc.)				
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
(APPROX.)	While At Not While Work At Work	• 🗖	,		•,
22. I certify that (I) (this hospital) attended	ed the deceosed from	128	97/ ta L/	19	19
that (I) (we) lost saw the deceased olive (on 2/7	1972 and tha	it in(my) (aur) api	nion death occur	red an the date
and hour and from the causes stated above	e, (1) (We) (did) (did not) v	lew the bady after death.			
23A. SIGNATURE				23 B. DATE SIGNED	0/
Much Henry	DEGREE Phy		Staff Phys.	2/2//	72
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	.1 - 21	29	
	DEGREE	3913 How	elens 13	my Ku	
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL TSpegify)	C. NAME of CEMETERY OF CR	MATORY 24D. LO	CATION (C	ity, town, or county)	(Stote)
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1125	mo I	04009	BALTIMORE CITY	HEALTH DEPARTMENT	4	
4-620 MRTH NO.	12	01883	CERTIFICA	TE OF DEATH	REG. NO.	72 01883
NAME OF DECEAS	ED	···		2. DATE	AND HOUR OF DEA	TH
Type or Print)	PARTON, (CENDOE	DODEDT			
L PLACE IN BALTIM	ORE MARTLAND. W			4. USUAL RESIDENCE IV	BRUARY 21,	If institution: residence before admission
				MARYLAND	BALTO	200
ULL NAME OF	ADDRESS OR LOCA	TION)	JHON, GIVE STREET	C. CITY OR TOWN	400 1 1 1 1	NSIDE CITY LIMITS?
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4-1-0	WILKENS 8			E. STREET AND NUMBER		153 MV NO
,	BA LT I MORI		N AVENOL		EW DRIVE	21228
SEX 6.	RACE		Never Married	8. DATE OF BIRTH	19. AGE (In veges	If Under 1 Yr II Under 24 Hrs
MALE	WHITE	WIDOWED		04-09-25	last birthdayl	Months Deys Hours Min.
		108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE State of	oreign country)	12. CITIZEN OF WHAT COUNTR
	ting life, even if retired)	DALTO	CAC C FIEC	NOD THE CAR	ALL LC	Λ 2.11
	ECHANIC	RHFIO	.GAS & ELEC	NORTH CAR		U.S.A.
FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
AVID PAR				CUMI (GREE		KRAUS
. Was Deceased Events no or unknown) (if	er in U. S. Armed Force yes, give war or dates	es? of service)	SECURITY NO.	17. INFORMANT	BΔ	LTIMORE, MD.
/ES	WW 2		244248746	ST. AGNES HE	OSPITAL . WI	
18.	5 /1		CAUSE OF DEATH			APPROXIMATE INTERVAL
OTHER SIGNIFICA	above cause (A) CONDITION last. II ANT CONDITIONS COP	NTRIBUTING	(c) Chole	les (lurbr	ne eller	um)
L DISEASE OF COM	UT NOT RELATED TO TH	IE TERMINAL				
	PERATION 198 CONI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes of	No. 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING DIG GAUSE OF	21 B, hom etc.l	PLACE OF INJURY (a.g., in e.g., farm, factory, street, of		(If in Bolt	imare City, give exact location)
OF INJURY	Aonth) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	200
IAPPROX)		Wo	rk At Work			
22. I certify the	at (1) (this hospital)) attended ti	he deceased from	BRUARY	_19 72_ to_F	EBRUARY 21 19 72
	st sow the decease		FEBRUARY	21 19 72 and	that in(my) (our)	opinion death occurred on the do
. /						- Francis
1	om the causes stat	ed above. (I) (We) (dld) (dld not) v	lew the body after dea	lh.	COR DATE SIGNED
23A. SIGNACURE	XMIIA)	MI	/	odina Co. Mad. co.	SLE CO	23B, DATE SIGNED
*	2/1/1/	Ull	DEGREE Phys	nding Med. Director	Staff Phys.	
23C. PHYSICIAN'S				3D. ADDRESS		
HAME IANDE						
AA. BURIAL CREMA	TION, 248. DATE	24C. N	DEGREE AME of CEMETERY OF CRE	MATORY 24E	. LOCATION	(City, town, or county) (State)
BURIAL	2/24/7	2 1	OUDON PARK	011	BALTIMORE	E. MARYLAND
	HEALTH DEPTO	DER HAMI	OF RESIDERAR	25C. FUNERAL DIREC	TOR	ADDRESS
FEB231	9/2 1666	Pr Aprileg	the sale and			SONS, INC.
			-3 3 3 3	301 FRED	ERICK RD.	CATONSVILLE, MD.

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ant if death occurradinect or contribud; (4) Undetermine the was in regula on the deceased alsoosition is mac		Fem. USUA during Hou FATHE
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	WEDICAL CERTIFICATION	Cre
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H-200 72 018	BALTIMORE CITY	HEALTH DEPARTMENT		wa a.c.a.
11000	CERTIFICA	TE OF DEATH	REG. NO	72 01884
BIRTH NO.			NOUS OF DEATH	
I.NAME OF DECEASED Type or Print)		2. DATE AND	HOUR OF DEATH	- 15
	aas	Februa	ary 21,19	72 5 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If i	institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	INSTITUTION, GIVE STREET	Maryland c. city or rown	D. IN:	SIDE CITY LIMITS?
00		Baltimore E. STREET AND NUMBER		YES NO
5318 Catalpha Rd		5318 Catalph	na Rd	
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9.	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OWED DIVORCED	May 23,1877	94	
6A, USUAL OCCUPATION (Give kind of work 108, K) one during most of working life, even if retired)	ND OF BUSINESS OK INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Denmark		U.S.A.
3. FATHER'S NAME Erichs	sen	14. MOTHER'S MAIDEN NAM	E	
		Johanna	Er:	ichsen
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	TVICE) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	219-22-3156	Mrs. Muriel Co	stello same	•
18. 4 1019	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		24.	200	
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Mys Car Rial A CONSEQUENCE OF:	Marchi	ı
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	/	
injury or complication which caused death.		100115		
ANTECEDENT CAUSES	(m)	15CV.P		
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stating	g the	ed Ago		
UNDERLYING CONDITION Iosi.	(c)	100		
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I. (A).	ITING			
	100000000000000000000000000000000000000			
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	218. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Baltime	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, o	ffice bldg., INJURY OCCUR?		
D 21D.TIME (Month) (Doy) (Year) (Hou	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
S OF INJURY	While At Not While			
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) atter	nded the deceased fram	14W-1968 19	9ta/	ch 21 1972
that (1) (we) last saw the deceased aliv	ean FEB 14	19 7 2 and tha	tin(my) (mm) an	inian death accurred on the date
			, ,,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
and haur and fram the causes stated abo	ave. (I) (We) (did) (did=nat) v	riew the bady after death.		
23A. SIGNATURE	. /			23B. DATE SIGNED
- Heckel Muelle	OE GREE Phy	ending Med. Director D	Staff Phys.	2-22-72
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) C. Herbert Muel	ler M.D.	York Rd Par	rkton, Ma	ryland
	24C, NAME of CEMETERY OF CR			City, town, or county) (Stote)
Crema tion 2/21/72	Greenmount Cem.		to. Md.	ony, lown, or county) (31018)
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
258. N	AIVIE OF REGISTRAR			
1	P 44 0 1	Leonard J Ru	ack Inc.	Baltimore, Md
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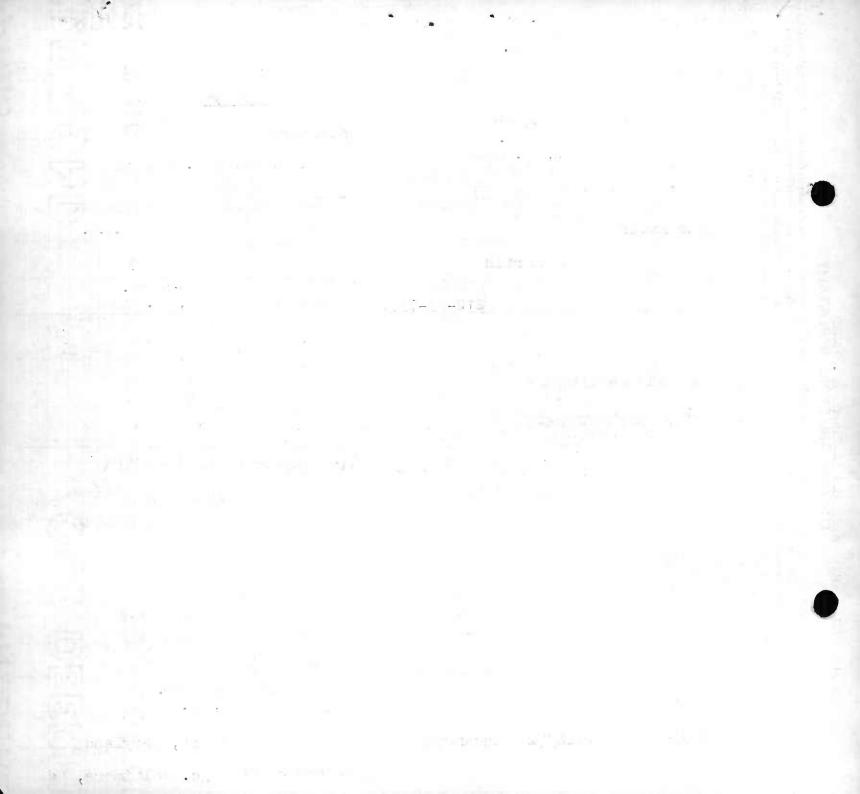
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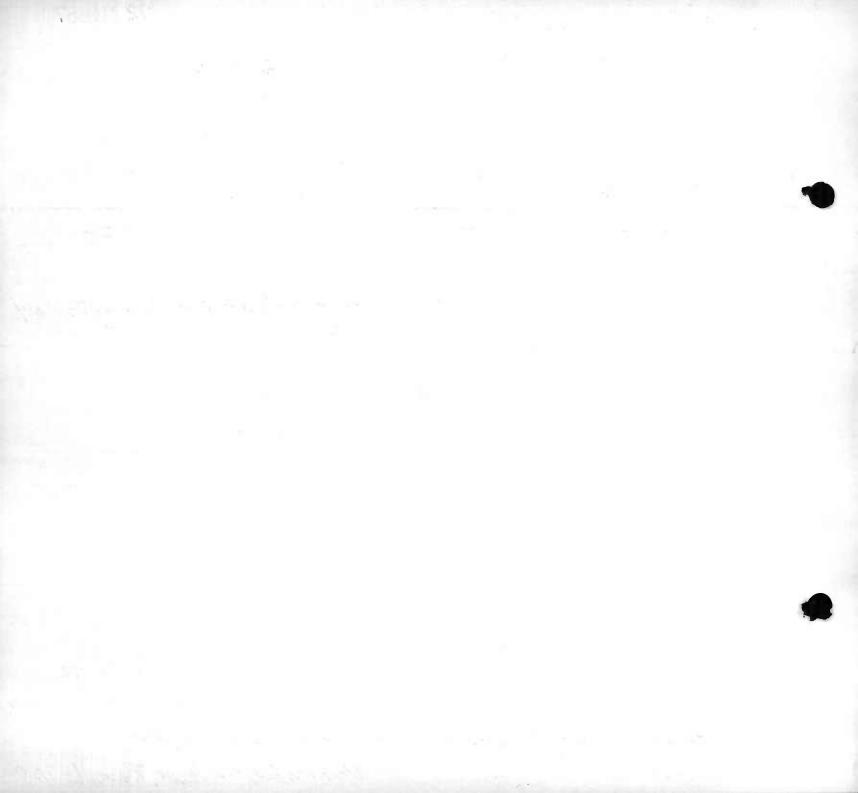
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SUSUAL RESIDENCE (Where a decreased lived it intuitions excludes before administry) A SATA MARY LANGE S. ARRE S	BALTIMORE CITY HE	ALTH DEPARTMENT 72 01889
A PLACE IN BAILMORE MAYLAND, WHERE PRONOUNCED DEAD SECOND Month Doy Year Hour Manch Doy Manch Doy Year Hour Hour Hour Manch Manc	H-520 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH SEC NO.
RACE IN SAINDER, MARKADO, WINDER RENOUNCED DEAD SAME PRONOUNCED DEAD SAME PROPOSED SOUTH HOSPITAL OLD HISTORY SOUTH HOSPIT		REG. NO.
# PIACE IN SALIMONE AMAYON, WHEEE PRONOUNCED DEAD FULL NAME OF (IN STITULON NO, WHEEE PRONOUNCED DEAD FULL NAME OF (IN STITULON NO, WHEEE PRONOUNCED DEAD FULL NAME OF (IN STITULON NO, WHEEE PRONOUNCED DEAD FEBRUARY 19, 1972 7:00 P. M. 1119 Aisquith Street Sex	(Type or Print)	
FRONOUNCED DEAD 119 Aisquith Street	MILTON AMOS	
USUAL RESIDENCE (Where decreased level and sub-large admission)		and Mount Con and a
SAME Maryland S. COUNTY MARRIED NEVER MARRIED NEVE	HOSPITAL ADDRESS OR LOCATION)	February 19,1972 7:00 P.
Mail	OK INSTITUTION	
Male Negro WIDOWED DIVORED Baltimore YES No P. DATE OF BIRTH G. AGE In years Under 1 YES Under 22 YES Under 1 YES Under 22 YES		Maryland /00/
## DATE OF BIRTH	6. SEX 7. RACE B. MARRIED NEVER MARRIED X	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Months Doys Months Doys Months Min. 1119 Aisquith Street 11. Birthhace (Stole of lorsign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME WHAT COUNTRY 14. CAN DOY BUSINESS OF INDUSTRY 15. MOTHER'S MADEN NAME Laborer Domestic Katie Amos Laborer Domestic Scurity No. 18. Informant Box 148 Sharon Address Road No.		
1.119 Aisquith Street 1.11		E. STREET AND NUMBER
Maryland WHAT COUNTRY ALEX MUATTY JOSCIAL Laborer Laborer Domestic Katie Amos Laborer Laborer Laborer Laborer Laborer Domestic Katie Amos Katie Amos Katie Amos Katie Amos Katie Amos Katie Amos Laborer		1119 Aisquith Street
Maryland Also Als		13. FATHER'S NAME
IAJUSUAL OCCUPATION (Give hird of very life its of book during miss of inferring) Laborer	Maryland II.S.A.	Alex Muarry
Laborer Domestic Katie Amos	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
12. SOCIAL (in no or uniform) (it) yet, give word does of service) 17. SOCIAL (it) no or uniform) (it) yet, give word does of service) 17. SOCIAL (it) no or uniform) (it) yet, give word does of service) 17. SOCIAL (it) no or uniform) (it) yet, give word does of service) 17. SOCIAL (it) no or does of service) 18. Informant Box 148 Sharon ADRESS Road 19. Henry Amos Sr. Jarretsville, Md. APPROXIMATE INTERVAL APPROX	T .	Katie Amos
NO 214-26-8185 J, Henry Amos Sr. Jarrettsville, Md. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart lointy, otherwise, its means the disease, impry or complication which course death.) ATTECTOSC LETOTIC Cardiovascular disease (A)MMEDIATE CAUSE (A)MMEDIATE CAUSE (A)MMEDIATE CAUSE (A)MMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS IF ANY, CIVING SIRE TO THE TERMINAL DISEASE OR CONDITION (ASIA) (A) DISEASE OR CONDITION 208. CONDITION TOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) TO DIADERLY ING CONDITION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 224. EXTERNAL CAUSE WAS DUIND CONTRIBUTING TO THE DEATH BUT NOT WHILE AT DUIND COLOR CONTRIBUTING CONDITION (Pres or No) TO 224. EXTERNAL CAUSE WAS DUIND COLOR CONTRIBUTING TO THE CAUSE OF DEATH. 225. DIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURED, OF INJURY OCCUR? (APPROX.) 226. LORDING CAUSE OF DEATH. 227. LORDING CAUSE OF DEATH. 228. NAME OF REGISTEAR ACCIDENT AND COLOR CONTRIBUTION COLOR C	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT BOY 1/18 Sharon ADDRESSE Boad
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IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

(City, town, or county) (State) ROSEDALE, MARYLAND ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

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ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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No		Mrs. Ilse Kulp 6986 Milb	rook Park Drive Apt 1
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IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Maryland D. INSIDE CITY LIMITS? Baltimore YES X NO STREET AND NUMBER 2500 W. Belvedere Avenue Apt. 511 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. ost birthdoy Months! Doys Hours Feb. 29,1898 73 IDA. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA 14. MOTHER'S MAIDEN NAME Apt. 511 Mr. Nathan Weinblatt 2500 W. Belvedere Ave. DUE TO, OR AS A CONSEQUENCE OF 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) home, form, factory, street, office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated abave. (1) (Wa) (did) (did not) view the bady after death. Director L 24D. LOCATION (City, town, or county) Feb. 20/72. Har Sinai Benevolent Society Baltimore, Maryland 25C. FUNERAL DIRECTOR Sol Levinson & Bros. 6010 Reisterstown Road VS 150-REV. 1/1/6B

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3. PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDEN	ICE (Where deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN		SIDE CITY LIMITS?
PROVIDE	NT HOSPITAL			Baltimore		YES NO
37				E. STREET AND NO. 3404 Cal	loway Ave.	
FEMALE	6. RACE XXXXXXXXX WHITE UPATION (Give kind of wor	7- MARRIED WIDOWED	DIVORCED K	8. DATE OF BIRTH 8-23-1896 XXXXXXXXXX	SANSX 75 ASK	If Under 1 Yr. If Under 24 Hr Months: Doys Haus Min.
OA, USUAL OCC	UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sto	ite of foreign country!	12. CITIZEN OF WHAT COUNTI
HOUSEWIFE AT HOME				Baltimore	, Maryland	U.S.A.
3. FATHER'S NA		1 71	HOPAL	14 MOTHER'S MAI		
JACOB :	BRISKMAN			nendekat	REBECCA BUCKNE	ER
S. Was Deceased	Ever in U. S. Armed For	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	EV OVERTI FOOK	ADDRESS
NO	-		220-54-3028	MRS SHIRL	EY SMITH, 3906 E X L XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BRYONY ROAD #21133
DISEASES Consenses to the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, If or above cause (A) or CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO	any, giving stating the	(B) DUE 10, OR AS	A CONSEQUENCE O	Melhtun neme Cardio testuris Her	Vascula, dis
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that (1) (we)	last saw the decease	d olive on_	2-18-72			Inion death occurred on the do
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23C. PHYSICIA NAME IT	M.C. Me		O M.D.	Providen	1 Hosp. Bal	to. Hd 2/215
		24C N	AME of CEMETERY OF CRE	MATORY	24D. LOCATION IC	ity, town, or county! Stotel
4A. BURIAL CRE	ipecify)					to the state of th
BURIAL	MATION, 248. DATE 2-20-72 BY HEALTH DEPT.	BNA	I ISRAEL	25C. FUNERAL D	BALTIMORE, MAI	

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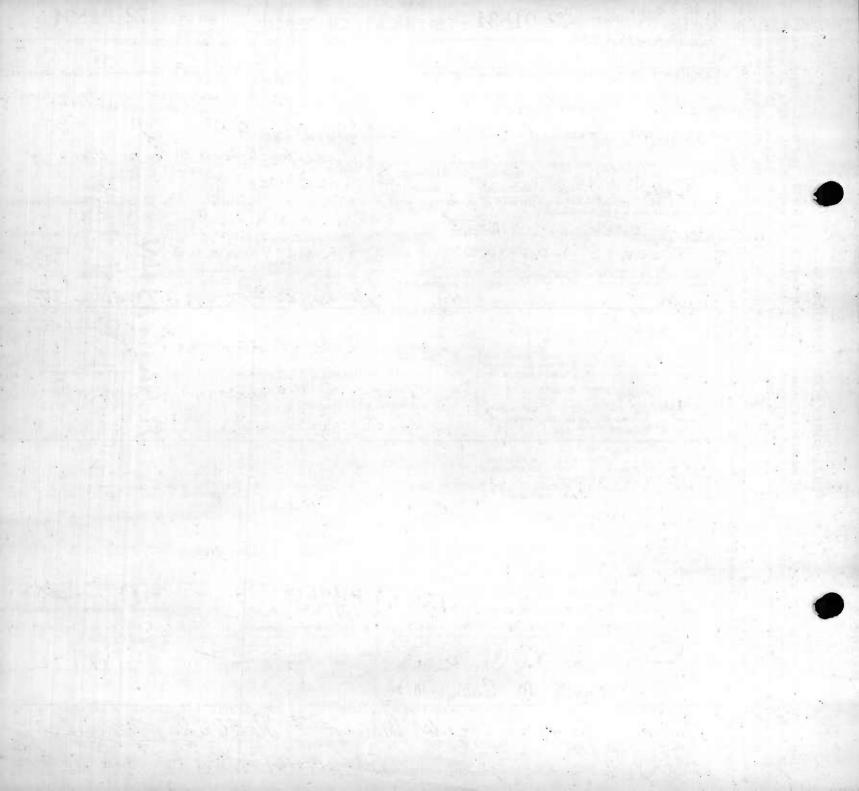
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	e or Print) RERLA 1	nAPCIUC	2/19/73	2 5:25 M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	. Il institution: residence before odmission)
	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	COLUMBIA, SO.	HWERICH 124
IN:	TITUTION		C. CITY OR TOWN	YES NO P
/	MERCY HOSPITA		E. STREET AND NUMBER	123 10
			Medeller, CotomBIA	SOUTH HIMERICA
5. 5	EX 6. RACE 7. MARS	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	
	FEMALE WIDON	WED DIVORCED	(-72-15	220
	USUAL OCCUPATION (Give kind of work 10 B, KIN) aduring most of working life, even if retired)	OF BUSINESS OR INDUSTRI		12. CITIZEN OF WHAT COUNTRY
,,,,,		VONE	COLUMBIA, SO. A.	50, H.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1
	IJRAZL LAPO	Con	TANIA FRAINA	
15. Ye:	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO	MO	DR. MOISES FRAIMAN	-7 MELISA CT.
	18. 742X I	CAUSE OF DEAT		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			
	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CA	USE (AROLO RESPIRATOR' A CONSEQUENCE OF:	4 15000
	heorl foilure, asthenia, etc. 11 meons the dise injury or camplication which caused death.)		A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	5000	ENTIA MARCESCESA	2)
	DISEASES OR CONDITIONS, if any, gi	(0)	S A CONSEQUENCE OF:	MEN WEITIS
	rise to the abave cause (A) stating	AL .	Y JUANS SOUS MASO	
	UNDERLYING CONDITION lost.	(C)		
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		T #40 Interest
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).			
U		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, VIN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
CERTIFI	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID. If is 84	oltimore City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	home, lorm, foctory, street, etc.)	ffice bldg., INJURY OCCUR?	Similare City, give exoct location;
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
Σ	OF INJURY (APPROX.)	While At Work At Work		
	22. I certify that (I) (this haspital) attend		2 (1/72 19 to	21(9 1972
	that (I) (we) last saw the deceased alive	- 1.0		e) apinian death accurred an the date
	and have and from the causes stated above			, , , , , , , , , , , , , , , , , , , ,
	23A. SIGNATURE	(i) (iic) (did) (did iidi)	view the budy dilet death.	23B. DATE SIGNED /
	Dur Bing	Dh.	rending Med. Staff Phys.	2/10/72
	23 C. PHYSICIAN'S	DEGREE "	23D. ADDRESS	
	NAME (Type) DAVID M.	COOK, M.D.		
24/		C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION	(City, town, or county) (State)
w	MOVAL (Specily) Fibroly	Charale (1)	nur Bactimo	e marsler 1
25/	July water 1.	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	C JADDRESS PA
	FEB 28 1972 C. 48 3	reBon ACD 1) A	SOX- DEVINSOR Y BROS	-6010 SEISTERSTOWN
		2 2	ARI TANK	



Typ	e or Print)	EASED Sidney F	alin		2.	DATE AND HOUR OF DE	1	11:20
3. P	LACE IN BAL	TIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived.	If institution; res	idence before admis
HO	L NAME OF	(IF NOT IN HOSP	TTAL OR INST	ITUTION, GIVE STREET	MARYLA			130
INS	TITUTION				BALTIM		INSIDE CITY LIN	NO 🗍
1	Mer	cy Hospital				tern Run Drive		
5. S	EXM ALE	6. RACW HITE	7- MARRIE	D NEVER MARRIED	8. DATE OF HETH	9. AGE (In years last birthday) OLL	II Under Months D	1 Yr. II Under 24 Doys Hours N
INA	USUAL OCCI	PATION (Give kind of w	WIDOWE	D DIVORCED DIVORCED DIVORCED	/ 11 RIPTHPLACE /SI	tate or foreign country)	12 CITIZE	N OF WHAT COU
	during most of t	working lile, even il retired)			iote of foreign country		in of what cou
13. [ARCHI'S		u	S. ARMY	POLAND	AIDEN NAME	USA	
		KALIN			JULIA	?		
		Ever in U. S. Armed F		16. SOCIAL SECURITY NO.	17. INFORMANT		,	ADDRESS
	NO			217-05-5873	MRS. FANN	IE KALIN, 6501	WESTERN	RUN DRIVE
	heort foilure, injury or com	of meon the mode osthenio, etc. If meon plicotion which couse ANTECEDENT CAUSI	ns the diseos ed deoth.) ES ony, givin	Acut	A CONSEQUENCE O	al Infarction		
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	E-436 72 01897 CERTIFICATE OF DEATH REG. NO. 72 01897
- 11	BIRTH NO. 1. NAME OF DECEASED ELDER, LOVE 2. DATE AND HOUR OF DEATH 2. 22. 1972. 13:00 A.
. N	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission) B. COUNTY
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C.CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
	LUTHERAN SPESTS 3608 DUVALL DUS
E :	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1896 9. AGE (In yeors lost birthdoy) 11 Under 1 Yr. 11 Under 24 Hrs. Min. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	JUNIUS ELLEN CAVIE STOVAIL
	5. Was Deceased Ever In U. S. Armed Farces? Yes, no or unknown) (If yes, give wor at doles of service) 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS SECURITY NO.
0	DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
embalmed	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. If means the disease,
	ANTECEDENT CAUSES (B) HYPERTENSION
ns are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
e the	19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19C. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
petor	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II In Boltimore City, give exocl location) OR CONTRIBUTING CAUSE OF (II In Boltimore City, give exocl location) DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II In Boltimore City, give exact location)
btained before the	21D. TIME (Month! (Doy) (Yeer) (Hour) 21E. FNJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work
be obt	22. I certify that (1) (this hospital) attended the deceased from 2 - 19 - 19 72 to 2 - 22 - 19 72 that (1) (we) last saw the deceased alive an 2 - 21 - 19 72 and that in(my) (our) apinion death occurred on the date
must b	ond hour and fram the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Shaff M 2. 22. 1972 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
approval	SAMUEL J. EDWIN DEGREE LUTHERAN HOSALTAL, BALLO, MD, 21216
written	BUTIAL 2/27/72 Little Creek Centerary Treene County Teorgia
Wri	SA PEB 23 1972 THE BERE A 238 NAME OF MEDITAR PSC-FUNERAL DIRECTOR 1639 N. Broadway

3/28/72 - Correction form from funeral director.

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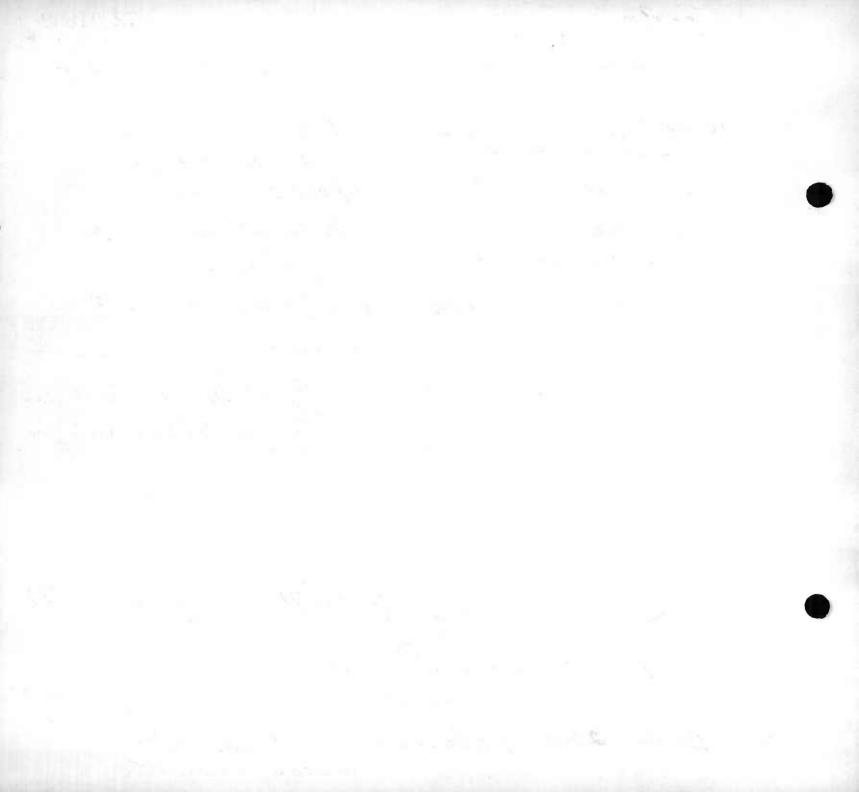
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1State)

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If Under 24 Hrs.



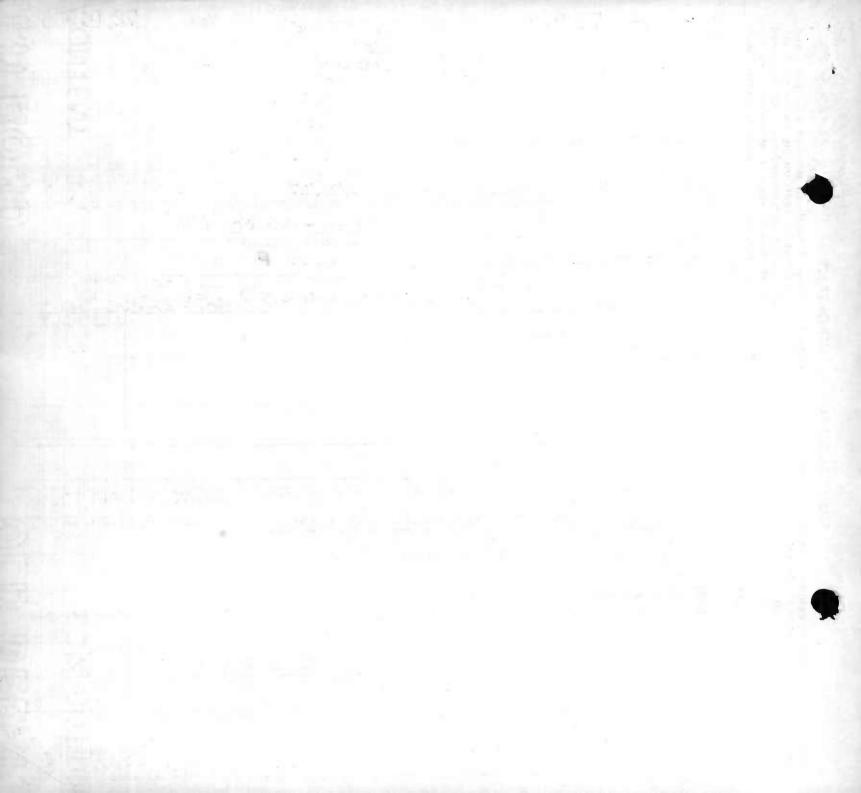
25C. FUNERAL DIRECTOR

ADDRESS

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

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FUNERAL DIRECTOR

25C.

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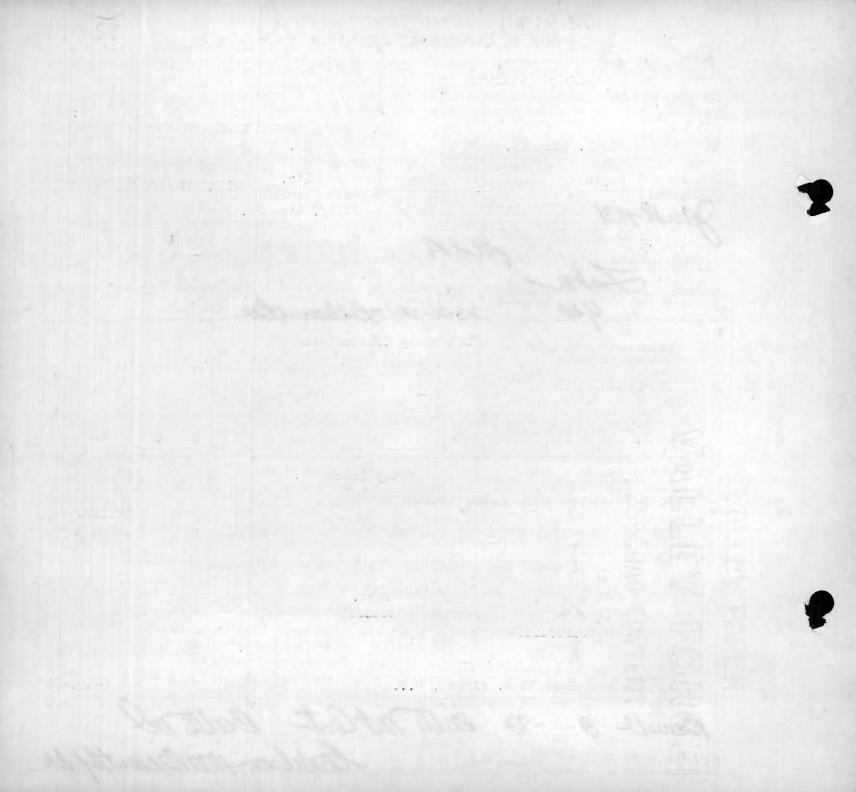
REMOVAL (Specify)

VS 151-REV, 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

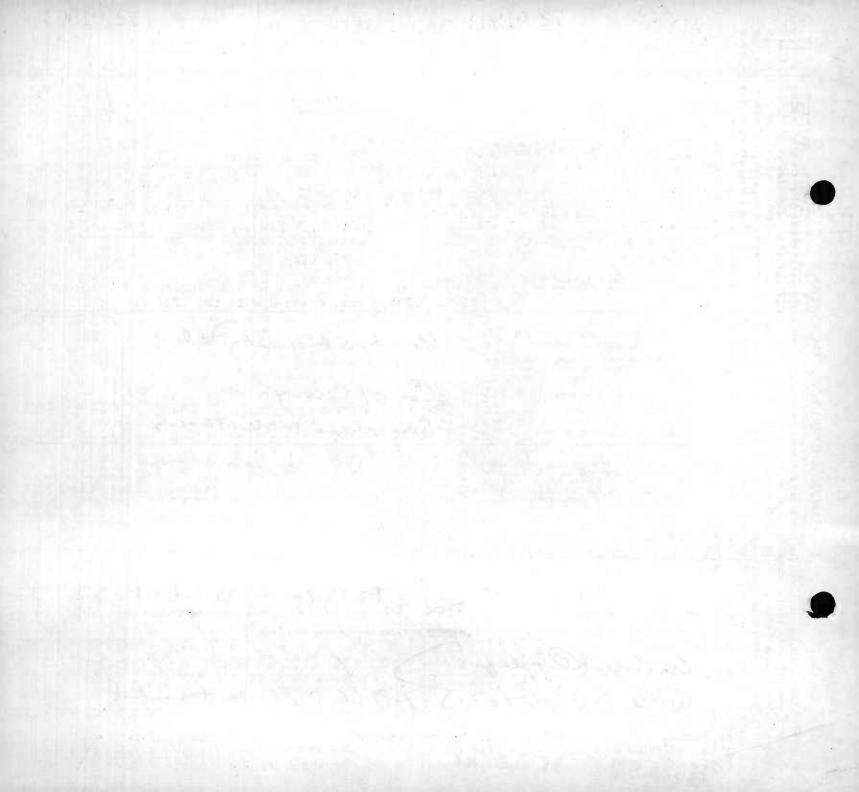
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25B. NAME OF REGISTRAR



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100	1-5020	5	72 0	190:	3 CERTIF	CATE	OF D	EATH	REG.	No	72	01903
1.1	TH NO. IAME OF DEC pe or Print)				Johnson			2. DATE A	ND HOUR OF	DEATH		1:30 P.
FU	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET							4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission A. STATE Maryland				
İ	Midtown Nursing Home 808 St. Paul Street						C. CITY OR TOWN Baltimore E. STREET AND NUMBER 806 McAleer Court					
s. F	emale	6. RACE Negro		MARRIED [NEVER MARRIE	B. D.A	TE OF BIR	тн	9. AGE (In yellost birthday)	eors 54	II Under 1 Months D	Yr. If Under 24 Hr ays Hours Min.
dor		working life, even i	nd ol work 10B.	-	BUSINESS OR IND	USTRY 11. B	RTHPLA CE	(State or fore	carolin		U.S	.A.
	father's Na/ James La						nie La	MAIDEN NA	ME			
15. (Ye	s, no ar unknawn	Ever in U. S. A	rmed Farces? or or dates of	service)	16. SOCIAL SECURITY NO.				ulah Si hington			McAleer Ct
FICATION	DISEASES OF THE CONTROL OF THE CONTR	ANTECEDENT (OR CONDITION OF OBOVE COURS CONDITION OF CON	NS, if ony, see (A) storious, one control to the ten in part 1 (BUTING ERMINAL (A).	(B) DUE TO, (C) C. C.		0	met	o) 20B. IF YES	. WERE F	INDINGS CO	ON SIDERED ATH?
AL CERTIFIC	21A. ACCIDER OR CONTRIBE DEATH (notify	NT WAS UNDER	LYING	218.	PLACE OF INJURY e, lorm, loctory, str	(e.g., in or o	oout 21 C. W	HERE DID				exact location)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)				t While Work	21F. H	OW DID IN.	JURY OCCUR		~	
22. I certify that (I) (this haspital) attended the deceased from 19 2 to 2 1 that (I) (we) last saw the deceased alive an 19 and that in (my) (at apinion death accurred and hour and from the causes stated above. (I) (in the same of t										7 7 19 7		
	that (I) (we)									apln	ilon death	accurred on the de
-	and hour one	RE Dack	Ses stated	obave. (1)	(did	Attending Phys.	he bady o			apln	23 B, DATE	
24,	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	from the couler of the couler	RD APE	obave. (I)	(did	Attending Phys.	he body of No.	Need. Need.	Staff	n	23 B, DATE	3-1972

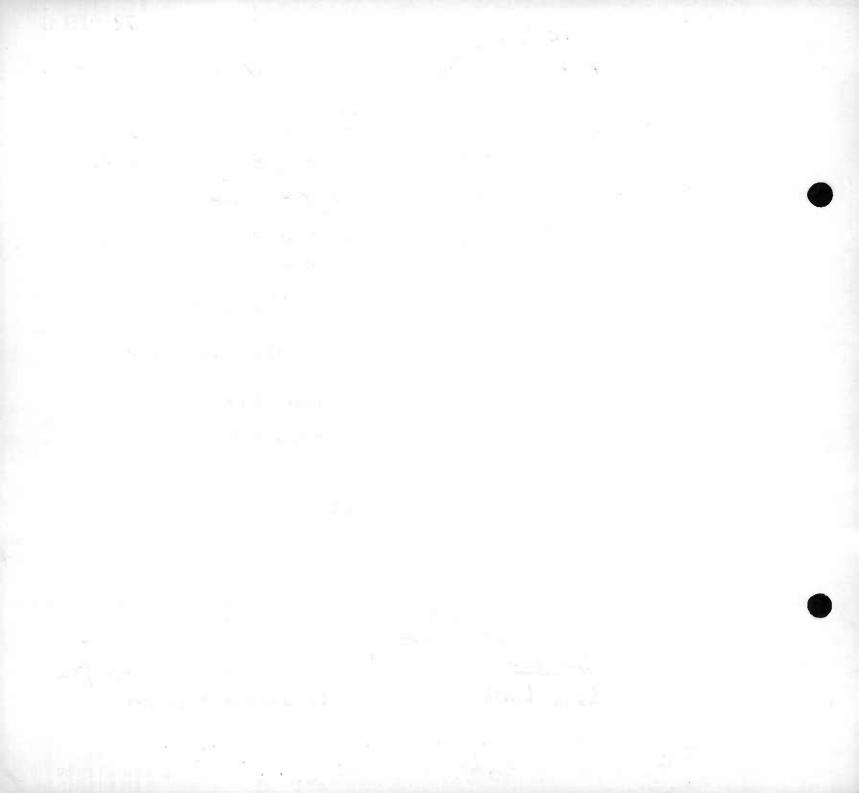


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

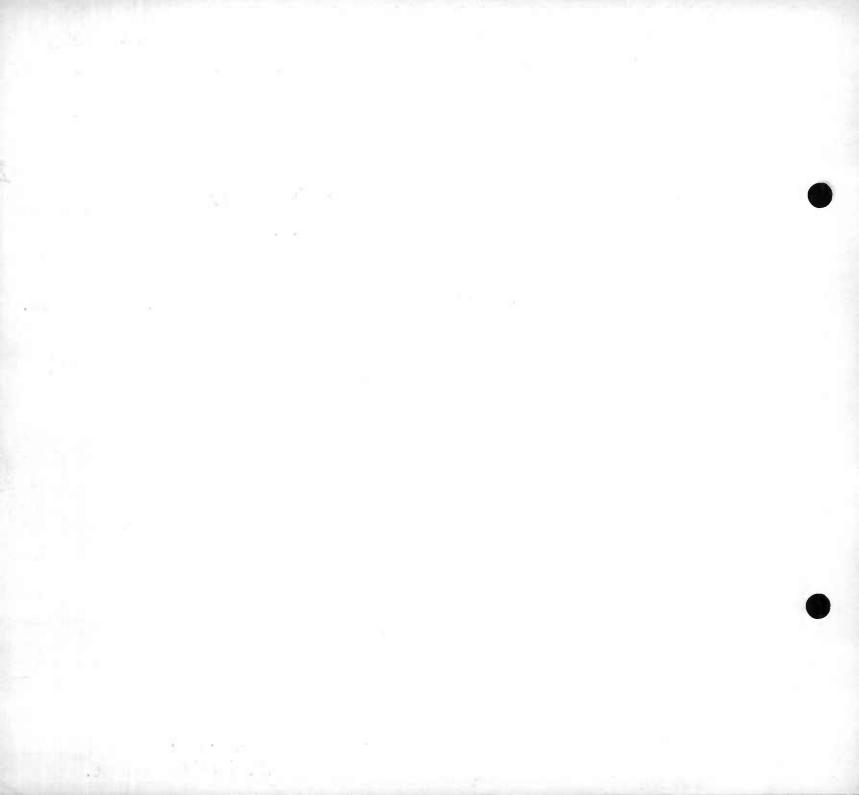
M NIA	BALTIMORE CIT	Y HEALTH DEPARTMENT	72 01904
72 01	904 CERTIFICA	TE OF DEATH REG. NO	16 OTOOK
I. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н
(Type or Print)	Jullane W	2.20.20	2 1 8 B- M-
3. PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
			-1000
HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	CCITY OF TOWN	ISIDE CITY LIMITS?
NSTITUTION	,,	1	YES NO
BON SECOULS		E. STREET AND NUMBER	11.5%
2025 W FAYET	200 37.	21.10 11 En	-41- 54
SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIETH 19. AGE (In years	Il Under 1 Ye . If Under 24 Hrs.
- 1	OWED DIVORCED	4-21-27 Jost birthdoy	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, K one during most of working life, even if refired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	-	MARYLAND	11 = 0
NONE PRIMER'S NAME		14. MOTHER'S MAIDEN NAME	USA
- 10		^	
Joseph Piner		Florence Palmer	
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give war or dates of s	ervice) 6. SOCIAL SECURITY NO.	17. (NFORMANT	ADDRESS
No	217-20- 883	Norace HCallough 2	1610 W. Fayette
18, 5 9 44 . 17 1	CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL	SUDI	DEN CARDIAL ARREST.	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA		
This does not mean the mode of dying	DUE TO, OR AS	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the d	isease,	THE DISENSE - MITTER STENOSI'S	+C4=
ANTECEDENT CAUSES	THE OF THE PERSON OF THE PERSO	the pisene - the pisene	
	(B)	S A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, If any, rise to the above cause (A) stating			
UNDERLYING CONDITION last.	(c) The on	LATIC HEART DISENSE.	
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OTHER SIGNIFICANT CONDITIONS CONTRIB			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No.) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If In Boltim	nore City, give exact location)
OR CONTRIBUTING CAUSE OF CEATH (notify medico(examined	home, form, factory, street,	office bidg. INJURY OCCUR?	
21D-TIME (Month) (Doy) (Year) (Hos		21F. HOW DID (NJURY OCCUR?	
(APPROX)	While At Not Wh		
22. I certify that (1) (this hospital) atte	nded the deceased from	5/3/ 197/10	2-20 1972
that (1) (we) last saw the deceased all	14.11		pinion death accurred on the dote
			printed death accurred on the dots
and hour and fram the causes stated at	oave. (I) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE	To the second second	And the second second	23 B. DATE SIGNED
a Delnum	DEGREE PH	tending Med. Staff Phys.	2-20-72
23C-PHYSICIAN'S NAME (Typel	DEORIE	23D. ADDRESS	
MANERYND F. ALBUE	TWO	7935 Provens partir fleu	BURNIE Med 21061
24A. BURIAL CREMATION, 124B. DATE	24C.NAME OF CEMETERY OF CI		City, town, or countyl (State)
REMOVAL (Specify) 2 -24-73	111 11		Harilland
DOTTAL	Ht. Calve	ry proonign,	The grane
5A. DATE REC'D BY HEALTH DEPT. 25B. I	NAME OF REGISTRAR	Charles A. Rice 60	ADDRESS ST
FFB 23 1972 RAGE	will be deal or or	Charles A. Mice 60	N. Barre SI.

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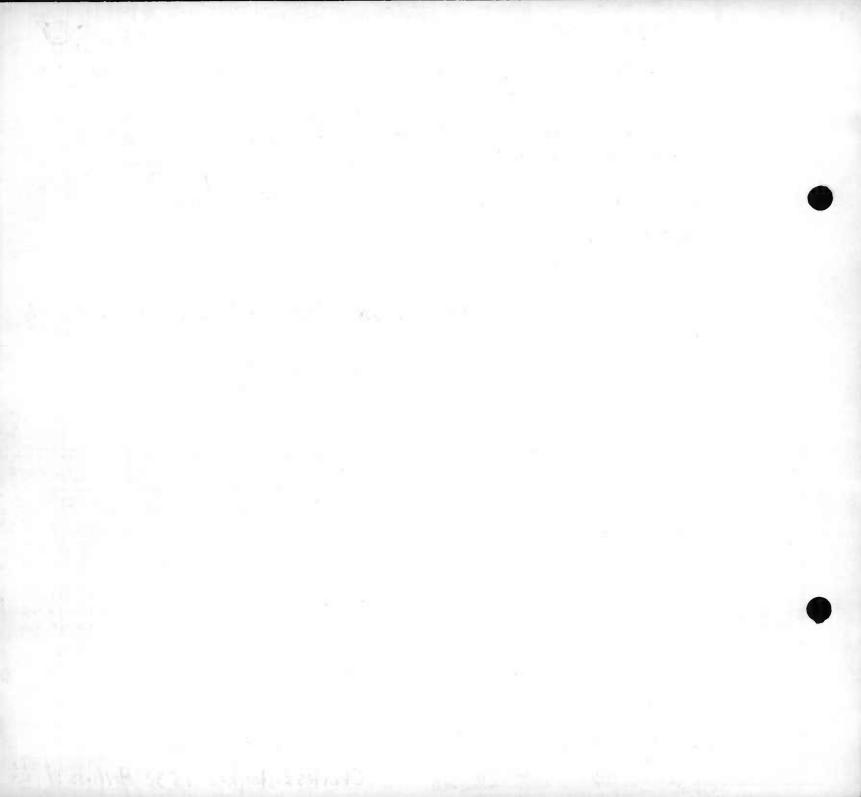
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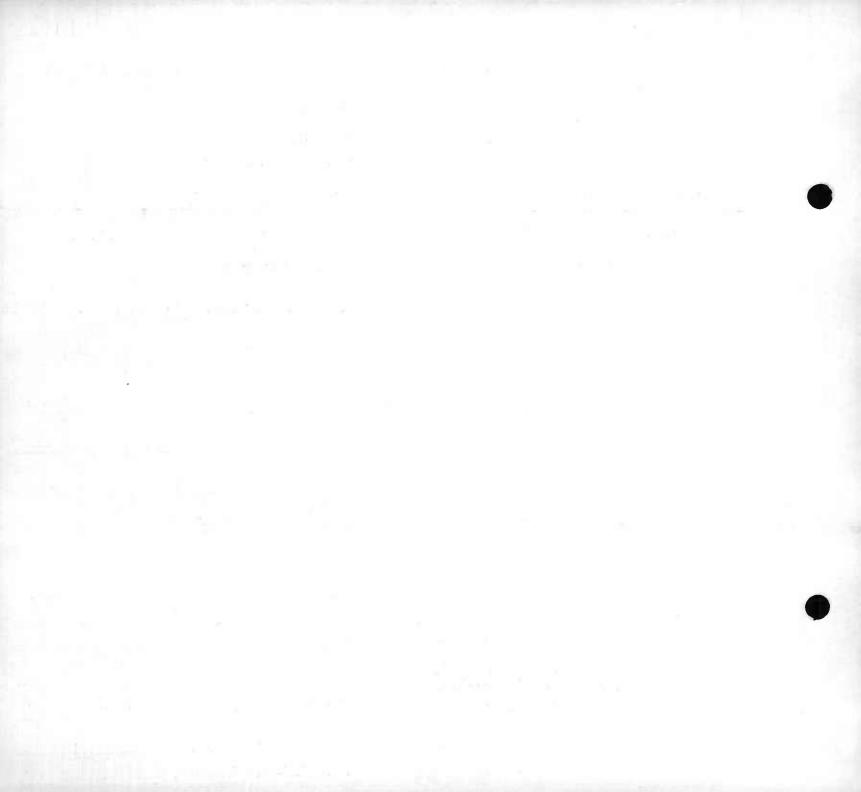


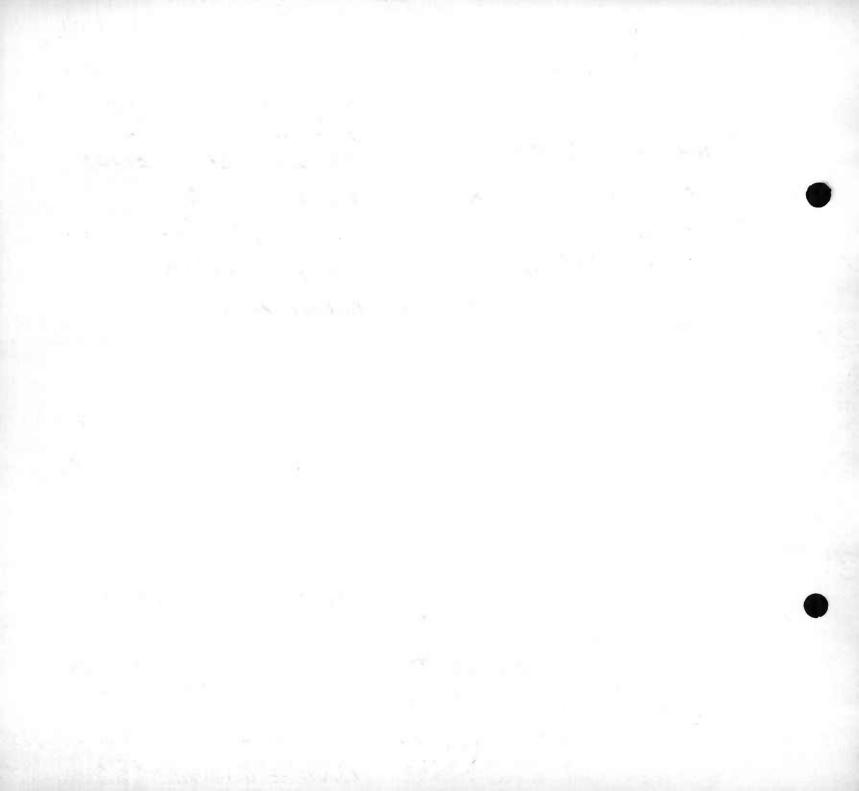
I.NAME OF DEC	EASED			ATE OF DEAT	TE AND HOUR OF DEA	15 0T308
	JREGORY		NCED DEAD	4. USUAL RESIDENCE	2 / 20 / 72 (Where deceased lived, I	at 11.30 F
FULL NAME OF HOSPITAL OR INSTITUTION LUTHONO	a h a a home		TION, GIVE STREET	C. CITY OR TOWN Balls more E. STREET AND NUM	2 D. II	NSIDE CITY LIMITS? YES NO
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
Male	UPATION (Give kind of work	WIDOWED TO BE	DIVORCED DIVINESS OR INDUST	II 16 00	7/ 4Y	12. CITIZEN OF WHAT CO
done during most of	working life, even if reffred)			N.C		USA
13. FATHER'S NA	ME			14. MOTHER'S MAIDE		ash
				Mary		
15. Was Deceased (Yes, no or unknown) yes	Ever in U. S. Armed Ford Of yes, give wer or deter 9-25-42/2-	s of service)	6. SOCIAL SECURITY NO. 215094789	17. INFORMANT	gory 2012	ADDRESS W. Saratoga
	ANTECEDENT CAUSES			4 1	0.01-4-	I
tise to the	OR CONDITIONS, if a above cause (A) GONDITION last. Il GEANT CONDITIONS CON H BUT NOT RELATED TO TH	stating the	(B) DUE TO, OR A	betes Me A CONSEQUENCE OF:	elites.	
OTHER SIGNIF TO THE DISEASE OR CO	E above cause (A) G CONDITION last. II ICANT CONDITIONS CON H BUT NOT RELATED TO THE OPERATION GIVEN IN PART OPERATION 198 CONT WAS PERF	Stating the NTRIBUTING IE TERMINAL I 1 (A). DITION FOR WHOORMED	(c)	S A CONSEQUENCE OF: 20A. AUTOPSY? (es		RE FINDINGS CONSIDERED CAUSES OF DEATH?
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252			ITY HEALTH DEPARTMENT
and eath ased the Such			ATE OF DEATH REG. NO. 72 119119
T 0 C		NAME OF DECEASED ype or Print)	2. DATE AND HOUR OF DEATH
ortal of decompe on the Site.	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14 11514 051101010101 d - 16 - 12 4 - A Mo
S	Ш	· · · · · · · · · · · · · · · · · · ·	A. STATE B. COUNTY A. STATE B. COUNTY
a hus cause se; (5) andanc to dec	H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 1501
cau Se; end		Duke IAND Nursing Home	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ed in a tring cau d cause; r attend prior to	1 1 1	501 N. Dukeland st.	E. STREET AND NUMBER
outined ar	-		1470 N. Caned ST.
	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE DF BIRTH 9. AGE (Inflyeors If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
th occur contrible determin in regul eceased on is ma		F Negra WIDOWED - DIVORCED	11/4-41-16
	da	A. USUAL DCCUPATION (Give kind of work 10B, KIND DF BUSINESS DR INDUST ne during most of working life, even if refired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or Ind de de sitie		INKNOWN	Maryland U.S.
if d Tect (4) U wa the	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	-	Unknown	Unknown
ssistan the di kind; death ince on	(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war ar dates of service) I 6. SDCIAL SECURITY ND.	17. INFORMANT ADDRESS
SS ssi	1	217-07-7/3	340 Constance Brent 3307 Dorehester Pb
APORTAN This assistant Iso, if the di of any kind; unced death trendance on		18. 250,91 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or his Also Also atternate		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pot
L		(A)IMMEDIATE CA	AUSE CONSEQUENCE OF:
OR: iner. actu pro ular mba		injury at camplication which caused death.)	
	1	ANTECEDENT CAUSES	ibetes Mellitus
ECT exami xami y A fr who		DISEASES OR CONDITIONS, il any, giving DUE TO, OR A rise lo lhe above cause (A) slaling the	AS A CONSEQUENCE OF:
S T O C L L		UNDERLYING CONDITION last. (C)	
	-	11	
RAL f med medic burr physi an w	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
A Day a day a sicial photos	CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE DF DPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
ニューロードゥ	CERTIFIC	WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		IDE CONTRIBUTING I CAUSE OF Thomas from Inches elect	un or about 21 C. WHERE DID (If In Boltimore City, give exact location) affice bldg., INJURY OCCUR?
by the pital when No d be	CAL	DEATH (notify medical examiner) etc.)	unce order index of CCO R:
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY DCCURRED	21F. HOW DID INJURY OCCUR?
ove e ho cepi cepi nd (d	1	(APPROX.) While At No! Wh	ille 🔲 .
2 t 5 % 2 d		22. I certify that (I) (this hospital) attended the deceased fram	#-46- 1988 ta 2 - 16 - 1972
to to of a poly (h);		that (I) (we) last saw the deceased alive on 2-15-	
		and have and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.
S D D D E		23A. SIGNATURE	23B, DATE SIGNED
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Phi	
was range An a An a brior		23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
	24A	BURIAL CREMATION, 124B, DATE 124C, NAME OF CEMETERY OF CE	
F 4 0 0 5 -	7	REMOVAL (Specify)	2 //
	25 A	DUTIZ 4/1//2 DI /2/er's DATE REC'D BY HEALTH DEPT. 258, NAME DE REGISTRAR	Baltimore MI.
This the I show was was dece	n	ER 2 2 1072 O C A A S A	25C. FUNERAL DIRECTOR ADDRESS + 212
	VS	150-REV. 1/1/68	OCharles E. Hughes 1532 Hollins 3/ 23







ם בספב	10-452 72 01912 CERTIFICATE	OF
an ase ase th th	NAME OF OECEASEO (pe or Print) Rose A. Williams	
of d Dece	PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCED DEAD	USUAL RI
se se (5) and	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Mary CITY OR T
lina ling cause; attendior to		Balti STREET A
ed con pri		3130
rrib min gul	TALL MARKIED THEVER MARKIED	-4-18
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. ne during most of working life, even if refired)	BIRTHPLA
00E 0 =	Housewife Own Home	Phil MOTHER
÷ 0€ 3 + 0 S	Vito Scarano	MOTHER
0 0 -	Was Occased Ever in U. S. Armed Farces? ss,no or unknown) (If yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO. 16. 1-01-7405	Mr
his assist fany kir nced de endance d or fino	18.4/2 21 CAUSE OF DEATH	
or his Also, re of a nounce attended on the desired	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Нуре
er. ctur pror lar	heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CO	
min fra ho egu	ANTECEDENT CAUSES (8)	
exe exa 3) A 1 W	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost. (C)	DNSEQUE
medical nedical burns; (hysiciar an was i remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
chief r g a m Body l the pl ysicia		20 A. AUTO
the (2) ere o ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)	about 21 C. bldg., INJ
0072	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX) White At Not White	21 F.
proved the hos iny natu except and (6) obtaine	22. I certify that (I) (this hospital) ottended the deceased from ULI	7
to to of a of a of a (h);	that (I) (Ne) lost sow the deceased alive on Jan . 6,	19.72
eased to ident of hospital by death, must by	ond hour ond from the couses stoted obove, (I) (We) (did) (did not) view 23A. SIGNATURE Attending	
a a c c a c a c c a c	NAME (Type)	ADDRESS 3906
was was) An A. at I prio	Dr. Lloyd G. Saylor A. BURIAL CREMATION, 248. DATE 24C.NAME of CEMETERY of CREMA	
certification body ws: (1) D.O. Beased	Burial 2-25-72 New Cathedral	. 31.1
This certifie body shows: (1) was D.O. deceased written a		25C. FUN
	150-REV. 1/1/68	

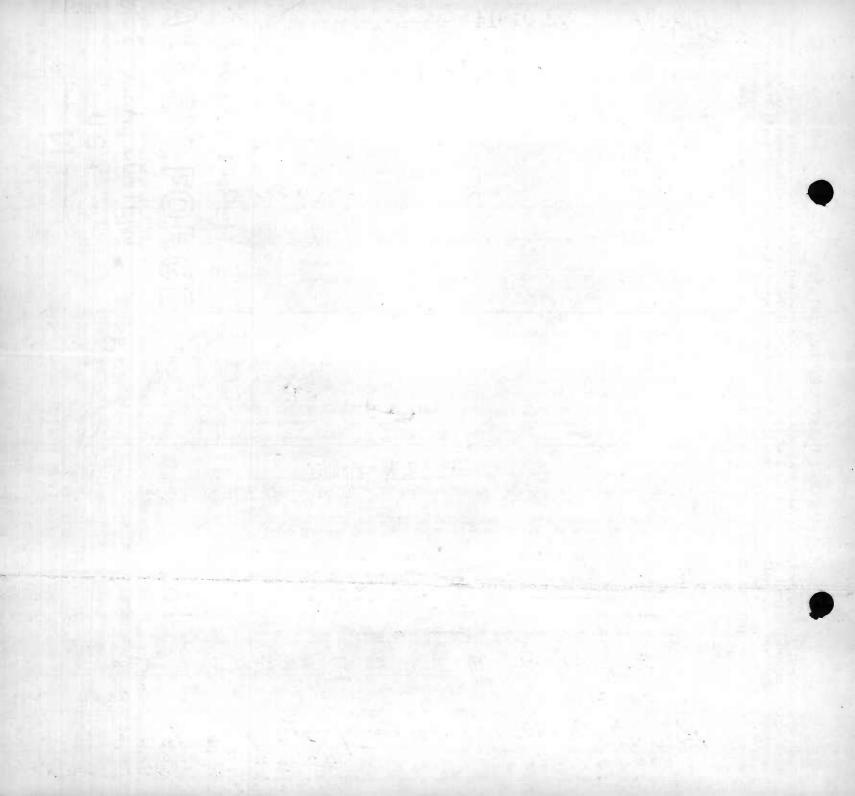
11) 1151		BALTIMORE CITY	Y HEALTH DEPARTMENT		72 01912			
W-400	72 019	119 CERTIFICA	TE OF DEATH	REG. NO	<i>1</i> ≈ 0.1012			
INAME OF OECEASEO	1~ 016	TC		D HOUR OF DEATH				
Type or Print)	Rose A	. Williams	Feb.	22, 1972	12:30 A. M.			
3. PLACE IN BALTIMORE, A	ARYLANO, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When		nstitution: residence before odmission)			
FULL NAME OF (IF N HOSPITAL OR ADD INSTITUTION	OT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland c. city or town	D. INS	IDE CITY LIMITS?			
44 Uni	on Memoria	al Hospital	Baltimore E. STREET AND NUMBER		YES ** NO			
			3130 Abell A					
S. SEX 6. RACE	WIDON	NEVER MARRIED DIVORCED	3-4-1891	9. AGE (In years lost birthdoy) 80	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY			
done during most of working life, Housewife		wn Home	Philadelphia	, Pa.	USA			
3. FATHER'S NAME	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		14. MOTHER'S MAIDEN NAM					
Vi	ito Scarano		Fil	omena Sei	na			
5. Was Occased Ever in U	. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
No	01 00103 01 3014	161-01-7405E	Mr. John F	. William	s Same			
18.4/2.2	1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL			
DISEASE OR CO	NDITION DIRECTLY				BETWEEN ONSET AND DEATH			
	TO DEATH	/ANIMMEDIATE CAL	USE Hypertensis	n. arteri	0- 20 yrs.			
(This does not mean	This does not mean the mode of dying, e.g., DUF TO OR AS A CONSEQUENCE OF							
	heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.) Scleratic cardiovascular disease							
ANTECED	ENT CAUSES							
DISEASES OR CONE	DISEASES OR CONDITIONS, if ony, giving (8) DUE TO, OR AS A CONSEQUENCE OF:							
rise to the above	ise to the above couse (A) stating the							
UNDERLYING CONDI	TION losi.	(c)	*****					
O OTHER SIGNIFICANT CO	TRELATED TO THE TERMIN							
DISEASE OR CONDITION 19 A. DATE OF OPERATION 21 A. ACCIDENT WAS U		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING	INDERLYING [21B. PLACE OF INJURY (e.g., home, form, foctory, street, o		(If to Baltima	re City, give exact location)			
▼ DEATH (notify medical e)	xominer)	home, form, foctory, street, o	office bldg., INJURY OCCUR?					
21D. TIME (Month) OF INJURY	(Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?				
(APPROX.)		While At Work At Work						
22. I certify that (I) (this lassimal) ottend		uly	9 59 to Feb	22. 19.72			
that (I) (Ne) lost sow					nion deoth occurred on the dote			
and hour and from the	couses stated abov	e, (1) (We) (did) (did not)	view the body after deoth.					
23A. SIGNATURE	10 111	1 1			23B, DATE SIGNED			
A	oud C.L	auston Mor Ath		Staff Phys.	Feb. 22, 1972			
23C. PHYSICIAN'S NAME (Type)	Lloyd G.		23D. Address 3906 Greenr	nount Aver				
Dr		DEGREE						
REMOVAL (Specify)		C. NAME of CEMETERY or CR			ity, town, or county) (State)			
Burial	2-25-72	New Cathedra		Balto.	Md.			
SER 2.9 THEAU	H DEPT 28. NA	WE OF REGISTRAR	H. W. Jenki	ns & Sons	CO. Add 01010			
EFFING PAR			4905 Yo	rk Road B	alto., Md.21212			

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BIRTH NO. WILLIAM I	THOMPSON'S	TE OF DEATH	X REG. NO. 72	0.1.9.1.9
THOMPSON &	be WILLIAN.		D HOUR OF DEATH	1 1000
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institutions	OD. 45A M.
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		HARYLUND.	But TIMON	ZE 5300
Church Home & 160	-2-100	DUNDATK	D. INSIDE CITY	451
		E. STREET AND NUMBER V	AN BUREN D	
100 North moderny.	t. Horyland	1912 Van	surein Kd.	21222
MARE White - WIDON	MED NEVER MARRIED DIVORCED	06/27/94	///	der 1 Yı. If Under 24 Hrs. S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KINI done during most of working life, even if refired) Boll AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	or Operator of Migr.	11. BIRTHPLA CE (Stota ar forei	on country 12. CI	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
JOHN. J. THUMPSU	N	JESSIE.	(?)	
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no of unknown) (If yes, give war ar dates of servi	cel SECURITY NO.	17. INFORMANT		ADDRESS
NO	139161432	HOSPITAL		
18. 46 6X1	CAUSE OF DEAT		2 V	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SHILL	cervic show)K .=	mundings -
IThis does not mean the mode of dying,	e.g., (A) IMMEDIATE CAL	SE A CONSEQUENCE OF:		400000000000000000000000000000000000000
heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	LUNI	= ABSCERS E	EMPHYSEMA	to do
ANTECEDENT CAUSES	UBSTRU	CTIVE - CO12 -	PULMONARE	Hur day =
DISEASES OR CONDITIONS, if any, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:	121NARY TRAC	7
rise to the above cause (A) stating UNDERLYING CONDITION last.	(c) 13KONC	MITIS ADURE.	INFECTION.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	M	120A ALLEGREYS (Voc. or No.)	200 IS NES MISES CHIENIS	
19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OK WHICH OFEKATION	TOWN MO LOLD LITTLE OF HON	20B, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of elc.)	n or about 21C, WHERE DID	(If In Boltimare City, g	ive exact location)
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work Not While	· 🗆		
22. I certify that (I) (this hospital) attende		1/2/12	9ta	2/24/19/12
that (I) (we) last saw the deceased alive	an 02/22/78	7 " /	t in(my) (aur) apinion de	ath accurred an the date
and hour and from the causes stated above	e. (1) (We) (did) (did nat) v			
23A. SIGNATURE	4. 0			ATE SIGNED
Des d. Soyall	DEGREE Phys	nding Med. Director	Staff Phys.	2/22/72
23C. PHYSICIANS NAME (Type) RUTA	Loladi 1	100 NOR TH	BR DDOW BY	et. BACTIMORI
24A. BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	C.NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, town,	or county) (State)
	GRDNS. OF FAI!	TH BA	ALADO. CO. MD	
25A. DATE REC'D BY HEALTH-DERT. 25B NAA	GE OF REGISTRAR	CAC FUNERAL DIRECTOR	rodley	ADDRESS LK, MD.
VS 150-REV. 1/1/68	, many	11.4 21.00 DI	MANOOT , TOURDE	Die HD

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EARL TRUM

	1.76	TE OF DEATH REG. NO. 72 01916
		TE OF DEATH REG. NO. 72 01316
	Type of Print) Edmond Tolson	2. Date and Hour of Death 2 - 19 - 72
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence belore odmission)
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3383 Benefick St. D. INSIDE CITY LIMITS?
	as Physica nursing Home	Baltimere, Mid YES P NO [
	71	E. STREET AND NUMBER
	SEX 6. RACE 7. 1 D FF 7. MARRIED TO MERCHANIST	Die abone
	WIDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (in years last birthdoy) 9. Months: Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most Reguling lifedeven if retired) Sea food	11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.
-	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	unknown
1	S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	yes WW I	
	18. 4/ 7 2 1 CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	SE artimelista Leitaliane mada
	heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
	injury or complication which caused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION WAS PERFORMED	
1	DISEASE OR CONDITION GIVEN IN PART 1 [A].	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
1	WAS PERFORMED J 21A. ACCIDENT WAS UNDERLYING TO 121R PLACE OF INJURY (a.g. in	IN CERTIFFING CAUSES OF DEATH?
14	OR CONTRIBUTING CAUSE OF home, factory, street, off pEATH (notify medical examined)	or about 21 C. WHERE DID (II In Baltimore City, give exact location)
200	21D-TIME (Manth) (Doy) (Year) (Haud) 21E INJURY OCCURRED OF INJURY (APPROX.) While At D Not While Wark At Wark	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased fram	
	that (I) (we) last saw the deceased alive on 2/19	19 7 Land that In(my) (aur) apinion death accurred an the date
	and hour and fram the causes stated above. (1) (We) (did) (did not) vi	ew the body after death.
	23A. SIGNATURE	238, DATE SIGNED
	pegger Phys.	ding Med. Staff Director Phys. 2/19/72
	23C. PHYSICIAN'S NAME (Typel	3D. ADDRESS
	ALLAN H MACHT MODEGREE	~ he dend 88 Bilt M 2/202
	A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREE BUTAIL 2-23-1972 U.S. National Ce	metery 24D. LOCATION (City, town, or county) (Stole) Gettysburg, Pa.
2:	EEBES 1915 THE DELLE SE WAYE OF STREET	Hubbard Funeral Home INC4107 Wilkens Ave.
1	\$ 150 PEV. 1/1/68	

THE REPORT OF THE THORSE IN THE LAND STREET and by the state of the state o

VS 150-REV. 1/1/68

4-1	5572 01	917		Y HEALTH DEPARTMENT	REG. NO.	72 01917
BIRTH NO.			CERTIFICA	TE OF DEATH	REG. 140	
I. NAME OF D	ECEASED			2. DATE	AND HOUR OF DEAT	H nu
(Type or Print)	ANNA	M.	HACKMAN	Feb	ruary 16, 19	972
3. PLACE IN B	ALTIMORE, MARYLA	ND, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE 8. CO	here deceased lived. If	institution: residence before odmissio
FULL NAME CHOSPITAL OR	F (IF NOT IN I	HOSPITAL OR INS	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN	Calvert	5800
ΙΝ ΣΠΤΟΤΙΟΝ				Hughesville	D. II	VES NO X
OA	Gould Conv	alesarium	Home	E. STREET AND NUMBER		11.5
10 6	5116 Belair	Road				
S. SEX	6. RACE	7- MARRII	D NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hi Months; Doys Hours Min.
emale	White	WIDOW	ED X DIVORCED	4-15-1893	78	Willing Doy's Hoors Ivilli.
	CUPATION (Give kind of working life, even if r		OF BUSINESS OR INDUSTRY	11. STRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNT
Hous ewi:	_	ellied)		Philadelphia	enna.	U.S.A.
13. FATHER'S N				14. MOTHER'S MAIDEN N		
,	Unknown \	Cro	inom	Flinches	la / III-la and	
	Unknown)		iner	L11ZaDet	h (Unknown	ADDRESS
(Yes, no or unkno	wn) (If yes, give wor	or dotes of service	SECURITY NO.			
No			212-07-1677B		Ingelskirch,	307 -3rd Ave. 212
18.43	7,91		CAUSE OF DEAT	H		BETWEEN ONSET AND DEA
DISE	ASE OR CONDITION LEADING TO D			11-1	,	
(This does	not meen the ma		(A) IMMEDIATE CA	A CONSEQUENCE OF:	loverale Veer	hard -
heart foilur	e, osthenio, etc. II	means the disec		A CONSEQUENCE OF:		
injury ar c	ANTECEDENT CA		111.	1-1	0	2.
DISTASES			(8) Lilius	A CONSEQUENCE OF:	such Dissen	Jan
	OR CONDITIONS The obove couse		9	A CONSEQUENCE UP:		
	NG CONDITION IN		(c)			
	- 11		,			
	VIFICANT CONDITION			- til mitte	LID.	T.
A DISEASE OF	CONDITION GIVEN	IN PART 1 (A).		7/ 8	co,we pe	
E 19A. DATE		S PERFORMED	R WHICH OPERATION	20 A. AUTÓPSY? (Yes or		E FINDINGS CONSIDERED
21A ACCI	SENT WAS IINDERLY	UNIC T	218 BLACE OF INITIBY/	is as should C WHERE DID	us a pale	6:
, OR CONTR	ENT WAS UNDERLY	F	218. PLACE OF INJURY (e.g., nome, form, foctory, street, c	office bldg. INJURY OCCUR	(II IN BOIM	nore City, give exoct location)
	tify medical examiner		etc.)			
21D. TIME OF INJURY	(Month) (Doy)		TE. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
< (APPROX.)			While At At Work	le 🔲		, ,
22. I certi	fy that (I) (this ha	spital) ottende	d the deceased from	12/21	19 7 ta	2//2/ 1972
	e) lost saw the de			2/1072		pinion death occurred on the do
						printed death occurred on the de
23A. SIGNA		s stored obove	(I) (Wa) (di d) (did not)	view the body offer dear	n.	23B, DATE SIGNED
		n .	Att	ending Med.	Shoff [1 1
ul		Sralley	DEGREE Phy	ending Med. Director	Staff Phys.	2/18/72
23C. PHYSIC NAME	(Tyne)	D D	11	23D. ADDRESS) - 1 D-14.	261
	Albe	rt B. B	radley DEGREE	4900 Belair F	coad, Baltim	ore, Md.
4A. SURIAL C	REMATION, 248, DA (Specify)	TE 24C	NAME of CEMETERY OF CR	EMATORY 24D	LOCATION	(City, town, or county) (State)
BURTAL		-1972 Tr	inity Mem. Gar	den Cem. Wa	aldorf, Mary	land
SA. DATE REC			E OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
B Z 3 79	L Valent E	, worker of	9000	Howard H.	Hubbard, 410	7 Wilkens Ave. 212:

(Margard) (Margard)

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the disease of the first of the control of the cont

72 0191 SALTIMORE CITY HE MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 72 01918
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) Townson Tohnston	2. DATE Knawn Manth Day Year Haur
Lawrence Johnston	DEATH Estimated \(\text{Z} \) \(\text{Z} \) \(\text{M}. \)
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	PRONOUNCED DEAD Day Year Hour 11:00 a.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	PRONOUNCED DEAD 2 12 72 11:00 a. M. 5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission)
00 121 N. Pine Street	A. STATE Md. B. COUNTY 402
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male White WIDOWED DIVORCED	Balto. YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER
6-22-1903 last birthday) Months, Days, Hours, Min.	121 N. Pine Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Canada WHAT COUNTRY?	Wesley Johnston
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR'd dane during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
	Agnes (Unknown)
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS 21223
(Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO. 213-20-5622	Mrs. Blanche C. Clarke, 1806 W. Lombard St.
19. 6 7 / 8 CAUSE OF DEA	
Injury ar complication which caused death.)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, office UTING CAUSE OF DEATH.	In or obaut 22C. WHERE DID (If in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, TNJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) m. WHILE AT NOT AT W	T WHILE
I certify that I held on Inquiry Inspection Aurel Natural Succident Suicident Suicident Signature EXAMINER'S Peter Lipkovic, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2-18-1972 Glen Haven Ce	emetery GlenBurnie, Anne Arundel Co., M
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 23 1972 RAGE 378 72	Howard H. Hubbard, 4107 Wilkens Ave. 2122
VS 151-REV. 1/1/68	

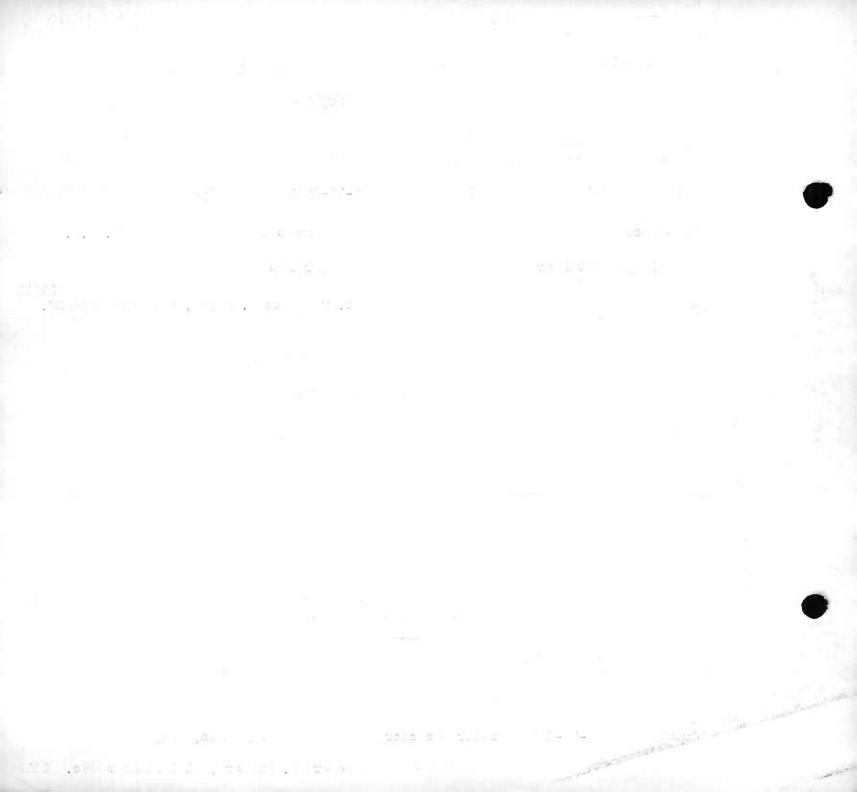
SECURITY AND ASSESSMENT CIACO-CE DE DE DE MENTE DE LE CHERM, ESIS DE LE LES MENTE and the second of the second o

1-52	5 72	0191	9 BALTIMORE CITY	HEALTH DEPARTMENT		72 01919
BIRTH NO.	CEASED		CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	* 01010
JAHNIGE				FEE	BRUARY 17.	1972 4:30 A. M
FULL NAME O HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	A. STATE MARYLAND C. CITY OR TOWN RAXXXXMMXXE E. STREET AND NUMBER	BAKKKKKOR D. INS ELKRIDGE	IN CONTRACTOR DEFINE Admission) TO CONTRACTOR DE CITY LIMITS? YES NO X
ST AGNE	S HOSPITAL			6299 W. RO		L ROAD 21227
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	lo AGE (la violes	if Under 1 Yr. If Under 24 Hrs.
MALE	CAUCASIAN	WIDOWED		10-01-86	lost birthday	Months Days Hours Min.
done during most of CARPENT	I working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	MARYLAND	loreign country)	USA
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN	MAME	
CHARLES	T. JAHNIGE	N	DE C 1D	(SCHRIEBE	R) MARIE	DEC D
5. Was Decouse	d Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.		RECORD'S BA	LTIMOREMD 2122
NO			218-07-9959	ST AGNES	HOSPITAL WI	LKENS & CATON A
DISEASES nise to fi UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 19A DATE O	asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it is obove cause (A) IG CONDITION last. IFICANT CONDITIONS CONTITUDE OF THE CONDITION STATE OF THE CONDITION GIVEN IN PARTY OF OPERATION 19%. CONDITION GIVEN IN PARTY OF THE CONDITION GIVEN IN THE CONDITION GIVEN GIVE	any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A).	(C)	A CONSEQUENCE OF: TOMA Sign TOMA Sign TOMA Sign TOMA Sign TOMA AUTOPSY? (YOS OF TO ODOUR) TO ODOUR) TO ODOUR JINJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR	
OF INJURY		Whi	le At Nat While At Work			
and haur or) lost sow the deceased of from the causes state) attended the	FBRUARY 17, (We) (did) (a)(a)(1)(1)(1)	NUARY 13, 19.72 ond lew the body after deat	19 72 to FEB that In (An) (our) opti	RUARY 17, 19 72 Into death occurred on the date 238, DATE SIGNED 2/17/72
23C. PHYSICE NAME OT OT	IO C BE YER		DEGREE	ELLICOTT CI	TY MD 2104	
REMOVAL	(Specify)		ME of CEMETERY OF CRE			ty, town, or county) (State)
Burial	2-19-19	72 Mea	dowridge Cemen			ward Co., Md.
FFR 2.3	1079 20 00	3.0	720 0 0 C	Howard H. H		Wilkens Ave. 21229

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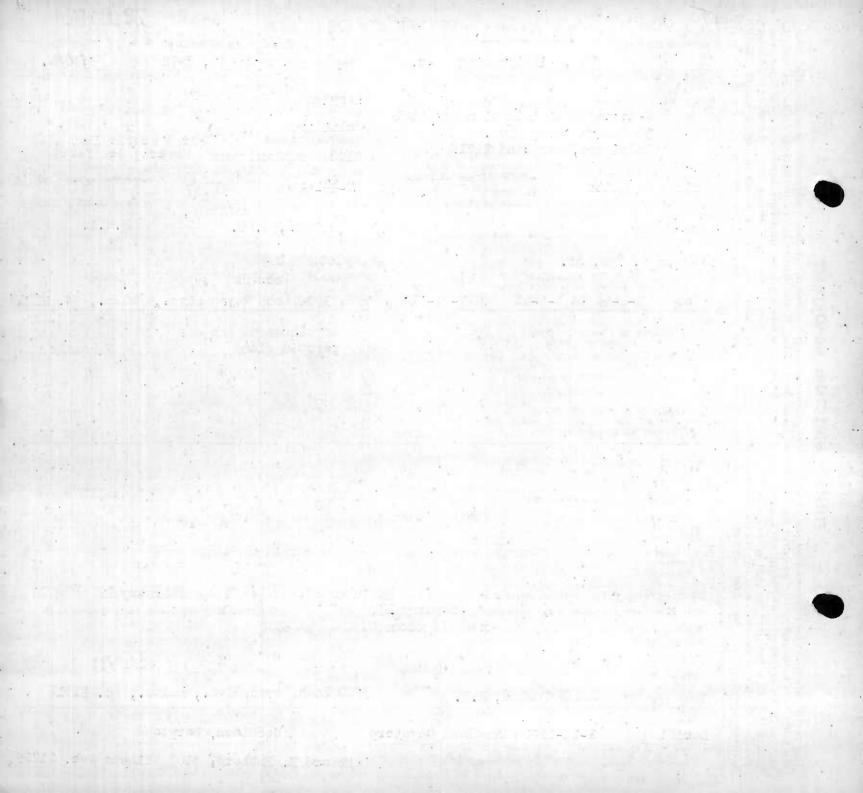
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VS 150-REV, 1/1/68



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e approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contribution of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined to any nature; (4) Undetermined to any except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance on the deceased probe obtained before the remains are embalmed or final disposition is made.
ital ital e; (2 rher No p
hosp natur ppt v (6) ined
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d to d to t of tral (tral);
dense dense nospi dea mus
acci acci or to
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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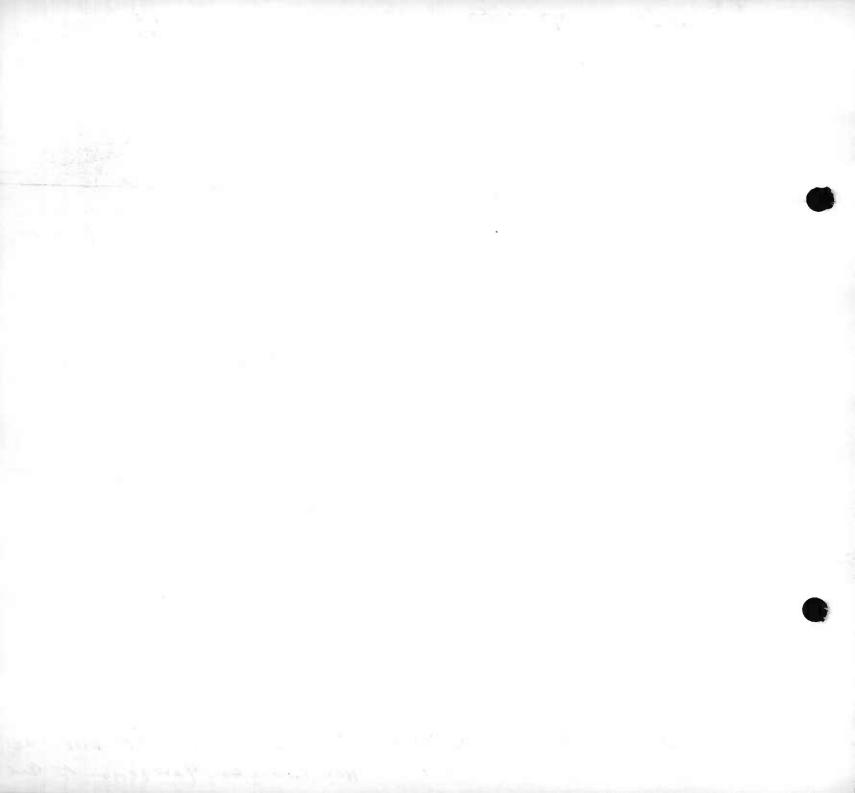
-			BALTIMORE CITY	HEALTH DEPARTMEN		70 04004
1-000 BIRTH NO.	72	01921	CERTIFICA	TE OF DEAT	H REG. NO	72 01921
I. NAME OF DECEA		0.1.0		2, DA	TE AND HOUR OF DEATH	
(Type or Print)	TYE, Wi	lliam K	ing Sr.	Feb	ruary 17, 1972	2 3:30 A. M.
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceosed lived. If it	nstitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION Vet	(IF NOT IN HOSPITA ADDRESS OR LOCA Cerans Admin	AL OR INSTITU	on Hospital	Maryland c. city or town	179	SIDE CITY LIMITS?
	00 Loch Rave			Baltimore	(Also)	YES X NO
3	Ltimore, Mar			E. STREET AND NUME	BER Iron	Kettle Inn,
Dal	LULIIDITE, MAI	y Land 2	1210	2100 North	Land Road Wav	erly New York
	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White	WIDOWED		10-22-14	57	
done during most of work		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
bartender				Weldon,	N. C.	U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDE	NAME	
George W.	Tye, Sr.			Wylette Ki	ng	
5. Was Deceased Ev	er in U. S. Armod For- yes, give wor or doto	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT RE	ecords	ADDRESS
	4-44 to 1-4		577-01-9106	VAH. 3900 Ta	och Raven blvd.	, Balto., Md. 21218
18. / 2/ 2	01		CAUSE OF DEATH		7011 1001 011 011 01	APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIE	RECTLY		Carcinon	na of the	BETWEEN ONSET AND DEATH
	ADING TO DEATH		(A) IMMEDIATE CAU			9 months
heart failure, ast	mean the made of thenia, etc. II means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		2
	cation which caused	death.)				
	TECEDENT CAUSES		(B)			
	CONDITIONS, if abave cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
	CONDITION last.	sidiling line	(c)			
	II.					
OTHER SIGNIFICA	NT CONDITIONS CO					
I DISEASE OR CON	BUT NOT RELATED TO THIDITION GIVEN IN PAR	HE TERMINAL T 1 (A).				
19A. DATE OF OI	PERATION 198, CON WAS PERI	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes NO	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT	WAS UNDERLYING	7 21B.	PLACE OF INJURY (e.g., in		OID (If in Baltimo	ro City, give exect location
OR CONTRIBUTION	NG CAUSE OF	hom etc.)	PLACE OF INJURY (e.g., in e.g., form, foctory, stroet, of	fice bldg., INJURY OCCL	JR?	to say, give exect totalight
	Nonth) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
S (APPROX)		Whi	ile At Not While			
	~	Wo	rk L At Work			
			he deceosed from NO			bruary 17 19 72,
that (K (we) la	st saw the decease	d alive on	February 17	1972	nd that in (My) (our) op	Inlon death occurred on the dote
and hour and fr	om the causes stat	red obove. A	「(We) (did) (知知中記) v	lew the body ofter de	oth.	
23A. SIGNATURE	, 01	7				23B. DATE SIGNED
1	115/	11-1-	D	nding Mod.	Staff Nhys.	2/18/72
23C. PHYSICIAN'S			UEGKEE	23D. ADDRESS	10/0.	2/20/12
NAME (Type	DAVIS P	OSNER.	M.D.	3900 Loch Ra	aven Blvd., Ba	lto., Md. 21218
24A. BURIAL CREMA	TION, 248. DATE		ME of CEMETERY OF CRE			ity, town, or county) (State)
Burial	2-21-19	72 Woo	dlawn Cemeter	y	Woodlawn, Mary	land
2SA. DAJE REC'D BY			OF REGISTRAR	2SC. FUNERAL DIRE	CTOR	Wilkens Ave. 21229
				Howard II.	7207	
VS 150-REV. 1/1/68						



IMPORTAN **DIRECTOR:**

VS 150-REV. 1/1/68

REG. NO. 72 01999 30 P.M 4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before admission) D. INSIDE CITY LIMITS? YES X NO Il Under 1 Y. Months! Doys tl Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il in Boltimore City, give exoct location) 1972 19.7.2....and that in (my) (our) opinion death occurred on the dote 23B DATE SIGNED (City, town, or county) (State)



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in

4-50	10						NIO	100		
IRTH NO.		12 013	23CERTIFICA	TE OF DEA	HTA	REG.	NO	12	0192	}
NAME OF DE	CEASED			2. 1	DATE AN	D HOUR OF	DEATH			
ype or Print)	HAHN, Y	WILLIAM	E	F	EBRU	JARY 18	3, 1	972	1 1	:30P N
PLACE IN BA	ALTIMORE, MARYLAND,			4 USUAL RESIDEN		re deceased li				
ULL NAME O	F (IF NOT IN HOSP	ITAL OF INSTIT	HITION GIVE STREET	MARYLAND					20	+7
OSPITAL OR	ADDRESS OR LO	CATION)	UTION, GIVE STREET	C. CITY OR TOWN			D. INSI	DE CITY I	LIMITS?	-
				BALTIMOR	E			YES X] NO[
40	ST. AGNES	HOSPIT	AL	E. STREET AND NU	UMBER					
				56 BENKE	RT S	T 212	229			
SEX	6. RACE	7. MARRIED	X NEVER MARRIED	& DATE OF BIRTH		9. AGE (In yo	ecrs	II Und	Days Hour	nder 24 Hrs.
MALE	WHITE	WIDOWED	DIVORCED	07/21/10)	61				
			EUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te at fore	ign country)		12. CIT	TZEN OF WHA	COUNTR
	of working life, even if refired ORM FOREMAN	FOOD	CHAIN	MARYLAND				U	.S.A.	
FATHER'S NA	AME			14 MOTHER'S MAI	DEN NA	ME				
WILLIA	M HAHAI			EDANCEC	/ D4		1111	ALIN		
	M HAHN	oreas?	16. SOCIAL	FRANCES	(n	ppeon	JHI	AHN	ADDRESS	
N ONE	vn) (If yes, give war or do	ites of service)	214-10-106		ES H	IOSPITA	AL RE	ECOR		
18. / / /	001		CAUSE OF DEAT						APPROXIMAT	EINTERVAL
4 /200	Act of countries	MARANIN	1		/	100	1	/	BETWEEN ONSE	T AND DEAT
Dise	ASE OR CONDITION DEATH		Hn.	7. 11	. /	· · · · · · · · · · · · · · · · · · ·	100	ta		
	LEADING TO DEAT	HL	NCU	re Myae	ende	of you	YORK	flow	-	
(This does	not mean the mode	of dying, e.g.,	(A) IMMEDIATE CAL	te Myae		or our	Ante	klow		
heart failure	not mean the mode of	of dying, e.g.,	DIJE TO OR AS	A CONSEQUENCE OF		or on	Ante	klov		***************************************
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heart failure injury or co	not mean the mode on a sthenka, etc. It mean omplication which cause ANTECEDENT CAUSI	of dying, e.g., ne the disease, and death.)	DUE 10, OR AS	A CONSEQUENCE OF	:	or on	YOR	klov		
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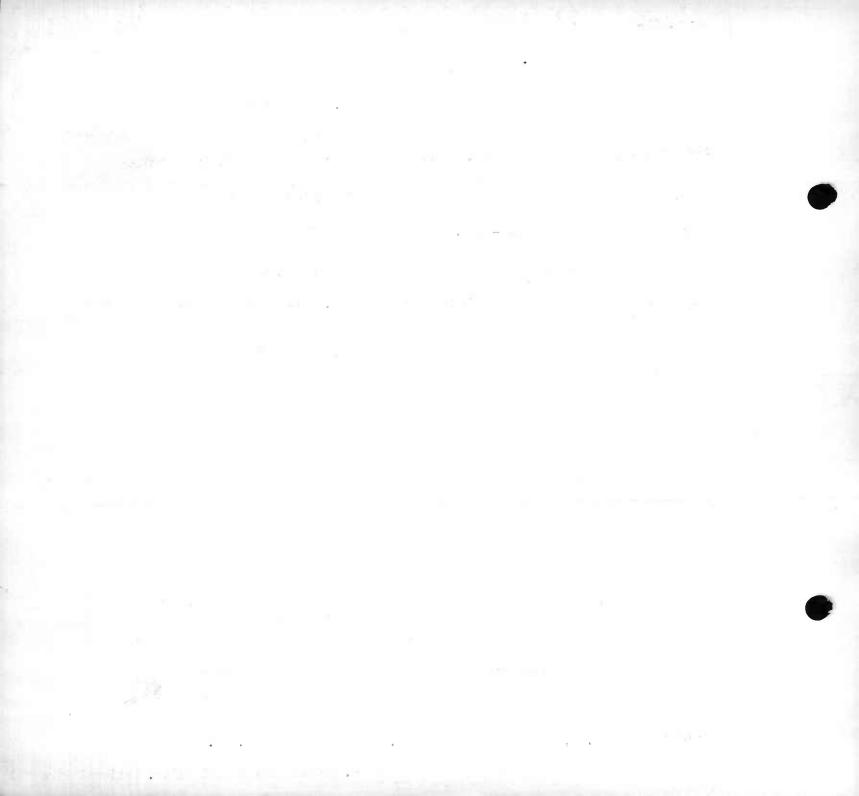
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3. PLACE IN BALTIMORE, I		PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceosed lived. If institu	tion: residence before admission
75 3601 Lo	ch Raven		Columbia E. STREET AND NUMBER 10549 Twin	Rivers Road	s 🔭 NO 🗌
S. SEX 6. RACE	WID	RRIED NEVER MARRIED DIVORCED DIVORCED	02/07/88	84	Under 1 Yr. If Under 24 Hrs onths Days Hours Min.
done during most of working life. Carpenter	, even if relired}	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota or lore Unknown	ign country) 12	USA
3. FATHER'S NAME	instan		14. MOTHER'S MAIDEN NA		
George Harr 5. Was Deceased Ever in U		1 6. SOCIAL	Annie Brigl	OW	
Yes, no ar unknown) (If yes, g	ive wor at dates of se	security No. 034103722		e Harrington	ADDRESS 1 Same
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21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical e	NDERLYING AUSE OF	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, off etc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(li in Boltimore City	, give exoct location
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ond hour and from the	the deceased aliv	e on 2//8 eve. (1) (WE) (did) (did/not) vi	19and th		deoth occurred an the dote
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NAME (Type)	JOSE MA	RITINEZ MO	Hedecal Ou	s Blela 21	201
REMOVAL (Specify)	b.21,1972	Loudon Park Cem.		cation (City, to	wn, as county) (State)
** FEB 23 1972	H DEPT- 258. N	AME OF REGISTRAR	G. Truman Schi	rab 5151 Balto.	National Pike



VS 151-REV. 7/1/68

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		1)		,	///		ICAL EXAMINER			
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	A. BURIAL CREA	AATION, 2	4B. DATE			C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town,		
RE	MOVAL (Specif		2/27/	30		rider's Ceme		Life.			
25	buria A. DATE REC'D		2/23/		_				ster, Ca		, Md.
-	CER 29		Wareall	4		OF REGISTRAR	25C. FUNERAL D	IKECIOK	ADI	DRESS	,

at the of manual tendence and the contract of the contract THE RESERVE OF THE PERSON OF T

IMPORTANT

FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such or his assistant if death occurred approved by the chief medical examiner certificate

V\$ 150-REV. 1/1/68

1 00	1	BALTIMORE CIT	Y HEALTH DEPARTMENT		
C-50	72 0	1926 CERTIFICA	TE OF DEATH	REG. NO.	72 0400
BIRTH NO.		2040	2. DATE AND H	OUR OF DEATH	· 4 01956
tType or Printl	CUNDIFF.	MINNIE	02	18 72	1 12.15PM M
3. PLACE IN BAL	TIMORE, MARYLAND, WHE				tion: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND BA		CITY LIMITS?
	ST AGNES	HOSPITAL	BALTIMORE		ESXX NO
40	WILKENS	& CATON AVE. F MARYLAND 2122	E. STREET AND NUMBER	ST RALTO I	MD 21225
S. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. A	GE (In years 1	Under 1 Yr. It Under 24 Hrs.
FEMALE		WIDOWED DIVORCED	06 25 26	45	
one during most of	UPATION (Give kind of work 10) working life, even if telfred)	B. KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or loreign c		2. CITIZEN OF WHAT COUNTRY
HOUSEW			NORTH CAROLII	NA NA	UNITED STATES
3. FATHER'S NA	WE		14 MOTHER'S MAIDEN NAME		
	ALL BRITT		CAREY LOVITT		
5. Was Decoased Yes, no or unknown NO	Ever in U. S. Armed Forces Off yes, give war or dates of	16 service) 16 SOCIAL SECURITY NO. 240344002	ST AGNES HOSPIT	& CATON A	AVE. ADDRESS DS
18. 9 0	X	CAUSE OF DEAT	TH ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIREC	TLY Prieuv	nonia		2
(71:- 1	LEADING TO DEATH	(A) IMMEDIATE CA	USE		Jags
heart failure,	of mean the mode of di astheria, etc. It means th	e disease,	A CONSEQUENCE OF:		
	application which caused de	eth.)	100-C-1.	014	8 2/2014
	ANTECEDENT CAUSES	(B) 1106	us preforati	.000	o oak
	OR CONDITIONS, if any above cause (A) st		S A CONSEQUENCE OF		M
	CONDITION last	(c) HOW	CKIN J DUSE	ase	y years.
	11				
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▼ DISEASE OR C	ONDITION GIVEN IN PART 1	(A).	120A. AUTOPSY2 (Vas. or Noll 20	R IF YES WEDE FINI	DINGS CONSIDERED
7	WAS PERPO	THON FOR WHICH OPERATION	POST IN	CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBE	NT WAS UNDERLYING DITINO CAUSE OF	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	In at about 21 C. WHERE DID	(il In Boltimore C	ity, give exact location)
U	(Month) (Doy) (Year) (Houd 21E INJURY OCCURRED	21F, HOW DID INJURY	OCCUR?	
21D. TIME OF INJURY (APPROX.)		While At D Not Whi Work At Work			
22. I certify	that (16 (this hospital) o	stended the deceased from FFI	RRIIARY 8 19	72_10FEBF	ZHARY 18 19 72
		alive an FEBRUARY 18			
		abave. N) (We) (did) (XXXXX)		WW TEST STREET	
23A. SIGNATE		destro (N) (NO) (DIA)	The the body affect deaths	, 23	& DATE SIGNED
I	ATT		hending Med. Staff	X	FEB. 18,1972
23 C. PHYSICIA	INS	DEGREE Ph	ys. L. Director L. Phys	<i>y y y y y y y y y y</i>	
23 C. PHYSICIA	Janiel Hue	DEGRE	WILKENS & CATO		BALTO. MD. 2122
24A. BURIAL CRE	Specify)	24C. NAME OF CEMETERY OF CI			town, or county) (State)
Buria	1 2/22/72	Cedar Hill	Cemetery	Baltimore	e, Maryland
25A DATE REST	HEATTH DEET.	E-NAME OF REGISTRAR	25C, FUNERAL DIRECTOR		ADORESS
LD WO L	AC ROBOTA ET AS	Company of the Compan	George J. Ge	once 4001	Ritchie Hgwv

George

J. Gonce 4001 Ritchie

TO THE PROPERTY OF THE STATE OF

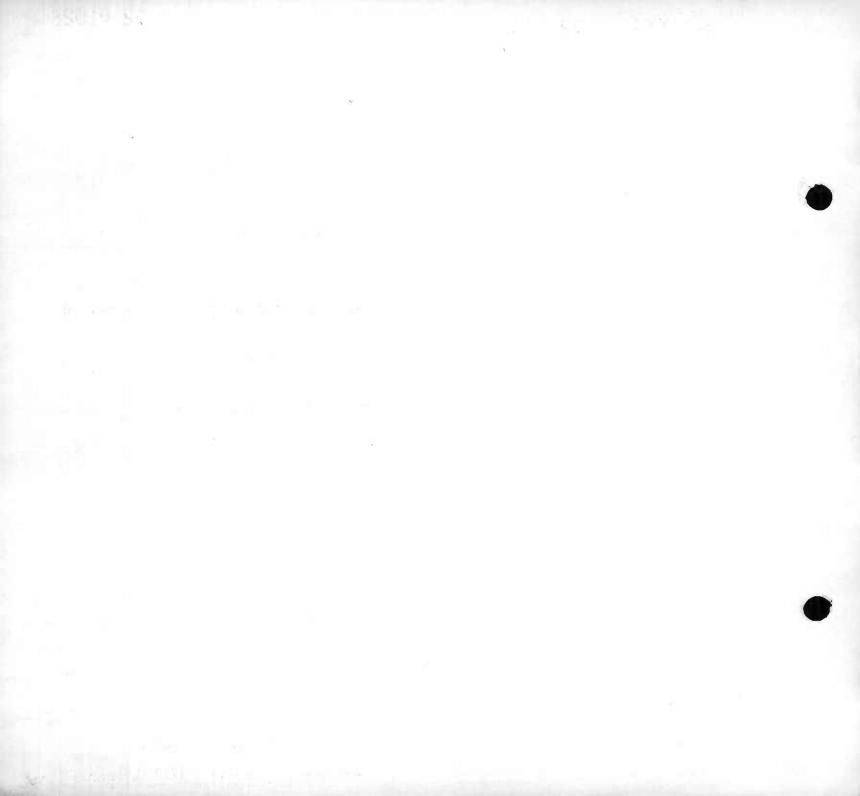
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CSA

	79	01927	BALTIMORE CITY	HEALTH DEPARTMENT		-0.04027
K-166) /2	OTOPI	CERTIFICA	TE OF DEATH	REG. NO.	72 01927
I.NAME OF DE	CEASED		3	2. DATE A	ND HOUR OF DEAT	тн
(Type or Print)	EAVER. BERT	HA M	1.	FER	RUARY 19.	19721 5:20 P.M.
	LTIMORE MARYLAND, V	1 1		14. USUAL RESIDENCE (Wh	ere deceased lived. If	institution residence before admission)
				MARYLAND	BALTIMORE	5-62-6
FULL NAME OF	ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN		NSIDE CITY LIMITS?
NOITUTITZN					21228	YES NO X
40	ST AGNES	HOSPITA	7	E. STREET AND NUMBER		A A
				FOREST HAVE	N NURSIN	G HOME 315 INGLES
SEX	6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
FEMALE	CAUCASION	WIDOWED		06=12-03	lost birthday)	Months Days Hours Min.
		-		11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
lone during most o	f working life, even if refired)					
Dome				MARYLAND		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
GE OR GE	REAVER			I MODERA	Lehanna Lo	ong
S. Wee Decease	d Ever in U. S. Armed Fo	rces?	6 SOCIAL	17. INFORMANT		ADDRESS
No.	mil (If yes, give war or dat	es of selaicel	215-20-872	ST AGNES HO	SPITAL REC	CORDS CATON AND
18.	17 7 1		CAUSE OF DEAT	Table Seal Seal Seal Seal Seal	BALTO MI	APPROXIMATE INTERVAL
1.0	SE OR CONDITION D	IDECTI V				BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH			- Y1111121	wina	1 week
(This does	not mean the mode of	dying, e.g.,	(A) MMEDIATE CAL	A CONSEQUENCE OF:		
	, asthenia, etc. It means		00010,000	A 301102 GUILLOS GUIL		
injuly of co	ANTECEDENT CAUSES		1. +	+7= P		15 VIACOR
			(B) Miller	Care Cur	the vue	a yearns
	OR CONDITIONS, if he obove cause (A)		DUE IO, OR AS	A CONSEQUENCE OF	The vue	ac
	IG CONDITION lost	araning into	(c)	/		
	11					
OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING				
OTHER SIGN TO THE DEA	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).	***************************************			
19A. DATE O	F OPERATION 19% CON	NOTION FOR W	HICH OPERATION	20A. AUTOPSYS (Yes or h	O 208, IF YES, WES	RE FINDINGS CONSIDERED CAUSES OF DEATH?
0				NO		
OR CONTRI	ENT WAS UNDERLYING	218,	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(il In Baltin	nore City, give exect location)
DEATH (notif	fy medical examined	elcJ	d format formation and a			
21D. TIME	(Month! (Doy) (Year)	(Hous) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROXI			e At Not While			
		Worl				AA 1A
22. I certif	y that (1) (this hospita	al) attended th		02 17	10	02 19 19 72
that () (we) last saw the deceas	ed alive an	02 19	19 <u>72</u> and 1	hat In (nky) (aur) a	aplalon death occurred on the dale
and bour a	nd from the couses sto	oted abave.	(We) (did) (d)d () (lew the body ofter death		
234 SIGNAT						238. DATE SIGNED
Vhu	1-ABUDON	Tolor		ending Med. Director	Stoff Phys.	2/19/72
23C. PHYSIC	IANS	gua	DEGREE Phy	23D, ADDRESS	Phys. Jan.	1 / / / -
23C. PHYSICI	(Type)	ECTRUAL	and the same of th		CDITAL	
	PAULO W		DEGREE		OSPITAL	
REMOVAL	REMATION, 248, DATE	24C. NA	ME of CEMETERY of CR	EMATORY 24D.	LOCATION	(City, town, or county) (State)
	(Specify)					
		/1072		10 1	aylorsvil	lle, Carroll, Md.
Buri	ial 2/23	/1972 258 NAME 0	Taylorsvil	TO TOUR PROPERTY OF THE PROPER		lle, Carroll, Md.
_	ial 2/23			25C. FUNERAL DIRECTO	R	

Adm. 2/9/72 Mt. Airey, Md. (carroll) FUNERAL DIRECTOR: IMPORTANT

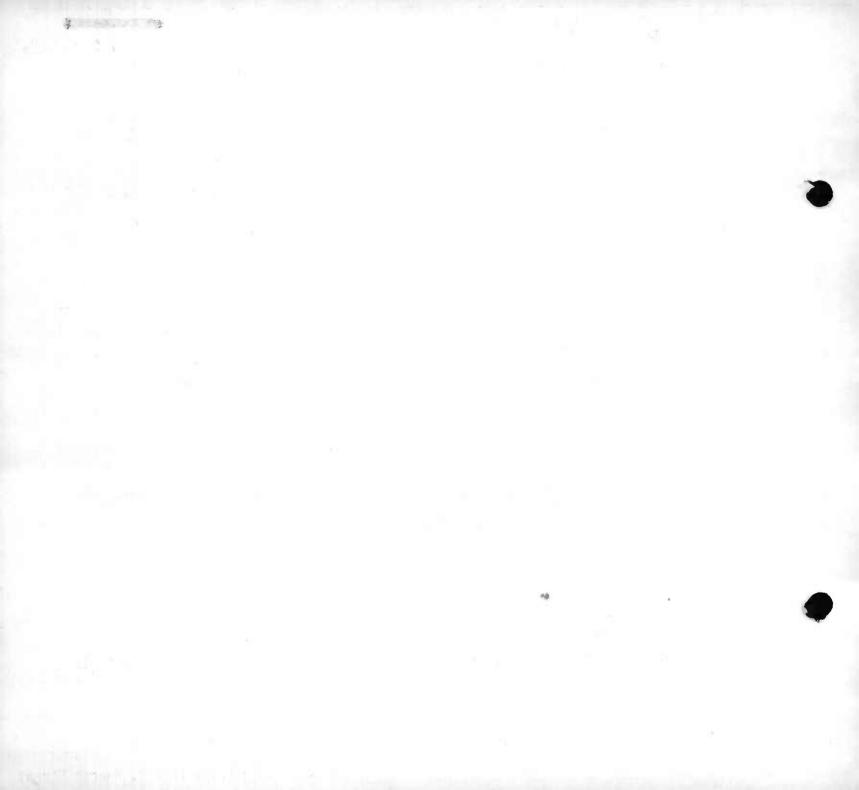
	/ = 0000 ma			TE OF DEATH	REG. NO.	72 01928		
		1928	CERTIFICA	TE OF DEATH				
1.	NAME OF DECEASED	/		2. DATE AN	ID HOUR OF DEATH			
	Bertha	Lee		2	10-7	12,410		
3.	PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Whe	re doceosed lived. If	institution: residence before odn		
	*****			A. STATE B. COUN	TY	1		
H	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT	ION) /		Jea		1000		
IN	NSTITUTION AS hourten	Nursin	4 Homo Zur	C. CITY OR JOWN		SIDE CITY LIMITS?		
5	90 3520 N. Hilton Rd		E. STREET AND NUMBER					
	Baltimore Nd							
-				1810 0-	Moun	TX-71		
3.	SEX 6. RACE 7.	· MARRIED N	EYER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 2 Months! Doys Hours!		
1	Negra	WIDOWED	DIVORCED	10-60-X0	91	Months Doys Hours		
101	A. USUAL OCCUPATION (Give kind of work) (one during most of working life, even if retired)	OB. KIND OF BUSI	INESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country!	12. CITIZEN OF WHAT CO		
401								
13.	HOUSEWIFE			Virginia		USA		
				14. MOTHER'S MAIDEN NAM	AE			
	Unknown			Unknown				
15. (Yo	. Was Deceased Ever in U. S. Armod Force: os,no or unknown) (If yos, give wor or dotos	s? 16. S	OCIAL	17. INFORMANT		ADDRESS		
	No	5. 2011108/	ECURITY NO.					
_	18. (/ / 2) 5 1	4/	2-48-5/18	Mrs. Sarah Tayl	or 1810 N.	Mount Street		
			CAUSE OF DEATI	1		APPROXIMATE INTE		
	DISEASE OR CONDITION DIRECT	CTLY						
	1	vina e a	(A) IMMEDIATE CAU		the Least	deady year		
	neori ioriure, asthenia, etc. if means the disease.							
	ment tolinie, asinetila, etc. it Wedus In	e disease,	DOL 10, OK AS	A CONSEQUENCE OF:				
	injury ar camplication which caused de	e disease, eath.)	DOE 10, OR A3 /	A CONSEQUENCE OF:				
	injury or camplication which caused de	e disease, eath.)	(0) (A)	TIASSPANA	Cara Pro			
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Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any nise to the above couse (A) st UNDERLYING CONDITION last.	y, giving toting the	(8)(B, GR AS	Turclum A CONSEQUENCE OF:	Hereby syndre	d yen		
TION	Injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the above couse (A) st UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTI	y, giving loting the RIBUTING	(8) DUE TO, OR AS	The lun a consequence of:	Zeserlez syndre	I yen		
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IMPORTANT

DIRECTOR:

FUNERAL



IMPORTANT DIRECTOR: FUNERAL

72 01930 4. USUAL RESIDENCE (Where deceased lived, II institution residence below admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NO Il Under 1 Yi. Months: Days Hours i Min Hours 12. CITIZEN OF WHAT COUNTRYS ADDRESS Mrs. Blanche Blackwell 2538 Edgecomb C. N. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II In Boltimore City, give exoci location) Pe bruney ond that in (my) (aur) opinion death occurred on the date 23 & DATE SIGNED Formary 15, 1976 (City, town, or county) Baltimore, Mryland ADDRESS



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	$M \sim -1$	BALTIMORE CITY	HEALTH DEPARTMENT		MO OLOGI					
BI	72 0193:	CERTIFICA	TE OF DEATH		72 01931					
	NAME OF DECEASED LOTHE	X CONZ	2. DATE AND	10UR OF DEATH	15'250					
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR	4. USUAL RESIDENCE IWhere de	eccosed lived. Il ins	titution; residence before admission)						
H	OSTITUTION (IF NOT IN HOSPITAL OR III ADDRESS OR LOCATION)	C. CIDY OR TOWN	D. INSE	DE CITY LIMITS?						
-	77.0	E. STREET AND NUMBER								
16	DON DOLDURS	2319 Mosher St. 2/2/6								
30	M NEAR WIDO	8. DATE OF BIRTH 9. A	GE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
	LUSUAL OCCUPATION (Give kind of work 108, KIN to during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale of foreign	ountry)	12. CITIZEN OF WHAT COUNTRY?					
L			NORTH CAROL	INA	U.S.A.					
13.	Me Neil Samm	14 MOTHER'S MAIDEN NAME								
15. (Ye	Was Deceased Ever in U.S. Armed Ferces? s, no or ynknown! (If yes, give way or dates of serv	icel 16. SOCIAL	17. INFORMANT CIE 110	Noil-2	319-120 Moshers					
L	NA NA		Hamission	Shee	7					
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	CVA	,)	APPROXIMATE INTERVAL					
	This does not mean the mode of dving.	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:		J 7 aug					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
	ANTECEDENT CAUSES	(B) / a	rku Sone	rin	13 year					
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION tast.		yocardin	entra	oli a					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG /			# 400 M # 600					
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CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21& PLACE OF INJURY (e.g., inhome, form, foctory, street, of	or about 21C, WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimare	City, give exoct location)					
MEDI	21D-TIME (Month) (Day) (Year) (Hour (APPROX.)	21E INJURY OCCURRED While At Not While Work Work	21% HOW DID INJURY	OCCUR						
	22. I certify that (N (this hospital) attended the deceased fram 2-15- 19/2 ta 2-2 19/2									
	that (1) (we) last saw the deceased alive			(my) (aur) aplni	ian death accurred an the date					
	and hour and from the causes stated above	e. W (We) (did) (did not) v	iew the bady after death.		23R DATE SIGNED					
	Chi-	Ob.	nding Med. Staff	TO 1	2 -2 2 -7 3					
	23C. PHYSICIAN'S NAME (Type) CHUEN T,	WONG	23D. ADDRESS	caur	o Hospital					
244	REMOVAL ISpecify)	CHAME OF CEMETERY OF CRE	MATORY) 24D/ LOCA	TION (City,	town, or county) State)					
25	DUNIA 2-25-72 (AVVEV Me	m- TK, LAU	vel, N	LAVY PAUL					
	FFRS 1815 OF PORT OF ANY	sey rea	Mortous Die	HF.H.I	1701-hauvens					
VS	150-REV. 1/1/68		1000							

Forms of Kas 12 Carery Man to Laurel, Mary Trank

25C. FUNERAL DIRECTOR

1701 Laurens Street

Morton & Dyett Funeral Homes, Inc.

258 NAME OF REGISTRAR

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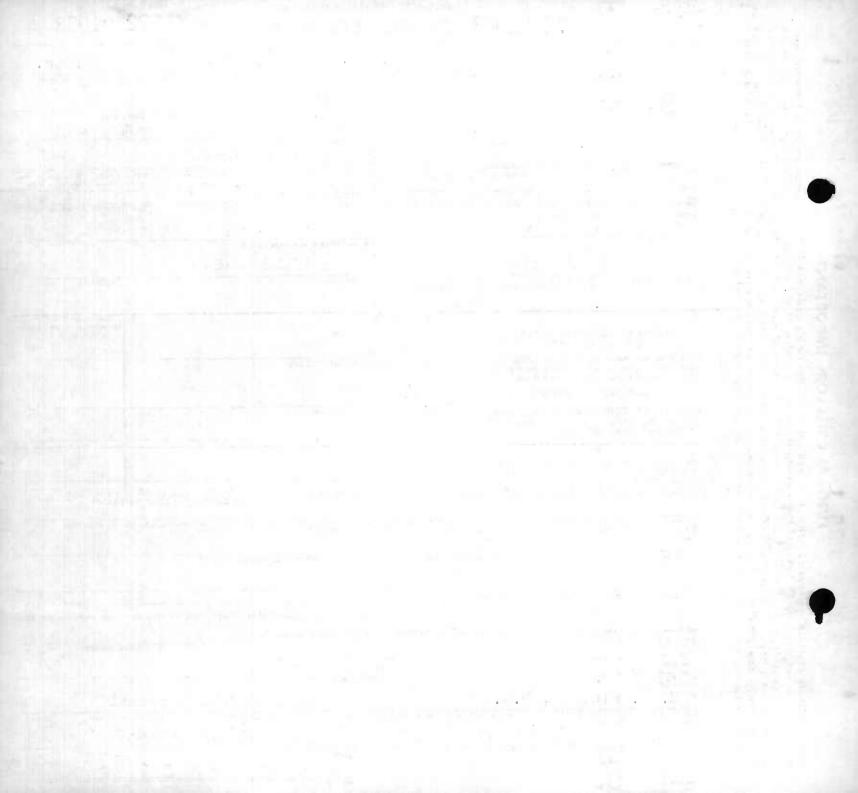
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17 I' arene trot orton & yett Fuger 1 mes, Inc.

C-51	1/		BALTIMORE CITY	HEALTH DEPARTMENT		1
BIRTH NO.	6 72	0193	3 CERTIFICA	TE OF DEATH	REG. NO.	72 01933
I. NAME OF D	ECEASED			2. DATE	AND HOUR OF DEATH	
(Type or Print)	GEORGE F	FRANCIS	S CHAMBERS,	SR. 02	/21/72	11:05p
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If i	institution: residence before admission
FULL NAME OF HOSPITAL OR	OF (IF NOT IN HOSPIT	AL OR INSTIT	UTION, CIVE STREET	MARYLAND		908
->	JOHNS HOPK	KINS HO	DSPITAL	BALT IMORE	D. IN	YES NO
55	601 N. BRC			E. STREET AND NUMBER	1.	113 [40]
				2317 AIKEN	STREET	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
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OA. USUAL OC	CUPATION (Give kind of world of world of world of working life, eyen if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Ro	tined			Raltin	014)	
3. FATHER'S N	AME			14. MOTHER'S MAIDEN N.	AME	
JEI	REMIAH CHAME	BERS		ESTELLE		
	ed Ever in U. S. Armed Fer		1 6 SOCIAL	17. INFORMANT		ADDRESS
	will lit yes, give war or dote	s of service)	213 09 4788			
18. 4	2120		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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(This does	LEADING TO DEATH	dvina aa	(A) IMMEDIATE CAU			8-14-12
heart failur	e, asihenia, etc. It means	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:		
injury at c	omplication which caused	death.)	ns1	1/1		
DISEASES	ANTECEDENT CAUSES		(B) 750	VP		
rise to	OR CONDITIONS, if the above cause (A)	any, giving	DUE TO, OR AS	CONSEQUENCE OF:		
UNDERLYI	NG CONDITION last	otening into	(c) HD/	**********************	***************************************	
	11		1./			
OTHER SIGN	IFICANT CONDITIONS COL ATH BUT NOT RELATED TO TH	NTRIBUTING	18			
DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).				
	OF OPERATION 198 CON	ORMED	VHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
. OR CONTEL	ENT WAS UNDERLYING DEBUTING CAUSE OF	21 B, hometc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exect location)
DEATH (not	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whi	le At Not While			
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, w	e) last sow the decease	a alive on		19ond t	hat in (my) (our) opi	nion death occurred on the date
23A. SIGNA	nd from the causes stat	ed above.	(We)(die) (did not) vi	ew the body after death		
1	[1.01010]	11)	Atten	ding Med.	Sh-H 17	23B. DATE SIGNED
23C BUVEL	resulte 1	100	DEGREE Phys.	Director L	Staff Phys.	d-01/1
NAME	(Typel	M - 5	2	3D. ADDRESS		
J.	P. FINIZIO,		DEGREE	The Johns	Hopkins Ho	spital
REMOVAL	REMATION, 24B. DATE	24C.NA	ME of CEMETERY OF CREA	MATORY 24D.	LOCATION , (CI	ty, town, or countyl, (State)
Bun	ual 2-25	175 1	AH THITIM	Memorial	Mark f	Javin Cer. Mo
SA. DATE REC	D BY HEALTH DEPT.	258 NAME O	FREGISTRAR	25C EUNERAL DIRECTO		ADDRESS
LEB	OF BIL VEREN	E ASTR	ell, red ()	Kaymen &	Andern &	197 Preston S
/S 150-REV. 1/1	768			- January	WHILE WE	- Juliani



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NAME OF D				2. DATE A	ND HOUR OF DEATH	
Type of Finns	Evelyn Flo.	reneo.	Hudson	4	122/12	0 16 1
L PLACE IN B	ALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	efe deceased lived. II	institution: residence before admission
				A. STATE B. COUL	NTY	10011
ULL NAME O	F OF NOT IN HOSPIT ADDRESS OR LOC	ATION	JTION, GIVE STREET	Maryland		~ 0 37
NOITUTION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C. CITY OR TOWN	D, IN	SIDE CITY LIMITS?
24				Baltimore		YES NO T
-	, ,,			E. STREET AND NUMBER		
Bon.	Secours Hose	pital		903 COOKS	LAne	
SEX	6- RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. , Il Under 24 Hr
ona lo	lilhita	WIDOWED		alaulad	lost birthdoy)	Months Days Hours Min.
A USUAL OC	CUPATION (Give kind of work			11. BIRTHPLACE (Stote or fore	63	
ne during most o	of working life, even if retired)			I I BIKITITLA CE (SIOIE OF TOTE	eign country)	12. CITIZEN OF WHAT COUNT
Stenog	rapher	Accou	nting Business	Marylana		U.S.A.
FATHER'S N		- 4	1 0011103	14. MOTHER'S MAIDEN NA	ME	
FIA	0017 -		1			
Lag	ur J. 0055			Florence	e Berry	
es, no of unknow	nd Ever in U. S. Armed For militif yes, give war or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			215-10-5373	Chart		
18.	0 0		CAUSE OF DEATH			
100	7:02		CHOSE OF DEATH	2000		BETWEEN ONSET AND DEA
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(This does	not mean the mode of	duing or	(A) IMMEDIATE CAU		e-enterits?	- Lanys.
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injury or co	mplication which caused	death.)		. 0	4	1 2 2 2 2
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DISEASES	OR CONDITIONS, if	aav. aivina	DUE TO, OR AS	A COMMEQUENCE OF:	- south	
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UNDERLYIN	IG CONDITION last,		(c)			
	11					
OTHER SIGN TO THE DEA DISEASE OR	IFICANT CONDITIONS CO	NTRIBUTING				
DISEASE OF	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	***************			*************
	F OPERATION 1198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES WEDE	FINDINGS CONSIDERED
19A-DATE C	WAS PERI	PORMED			IN CERTIFYING CA	FINDINGS CONSIDERED
21A ACCID	ENT WAS UNDERLYING	1 210	PLACE OF INTURK!	ar about 21 C 1444 FRE DIE		
OR CONTRI	UTING CAUSE OF	home	form, foctory, street, off	or about 21C. WHERE DID	(If In Boltimo	re City, give exact location)
	y medicol examined	elc.)				
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OF INJURY			e At Not While		n	
		Worl	At Work	Ц,		
22. 1 certif	y that (1) (this hospital) attended th	e deceased from	2/22/72	19to	2/23/72 19
) last saw the decease		2/23/72	/ /		the state of the same of the s
					or in (my) (aur) op	inlon death occurred on the do
ond hour ar	nd from the causes stat	ed abave. (1)	(We) (did) (did not) vi	ew the bady after death.		
23A. SIGNAT	URE	1			,	238 DATE SIGNED
	y. your	Lyn	Atter	ding Med.	Staff 1	2/23/77
23C.PHYSICE	KN'S /	10 1	DEGREE Phys.	Director L	Phys.	
23C. PHYSICE			1 6		10	1 0
	YUNYON	VG YI	INYONEYING	Son See	enres Hes	ortal
A. BURIAL CR	EMATION, 248 DATE	24C. NA	ME of CEMETERY OF CREE	The state of the s		ity, town, or county! (State)
KEMOVAL	(Specify)					
Burial	2/26/72		Cathedral Cer		ltimore, Ma	ryland
A. DATE REC'I	BY HEALTH DEPT.	258 NAME O	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	rtb24 19/2	Masan E	Taiber, A.D.	Witzke, 7630	Edmondson	Avenue, 21228
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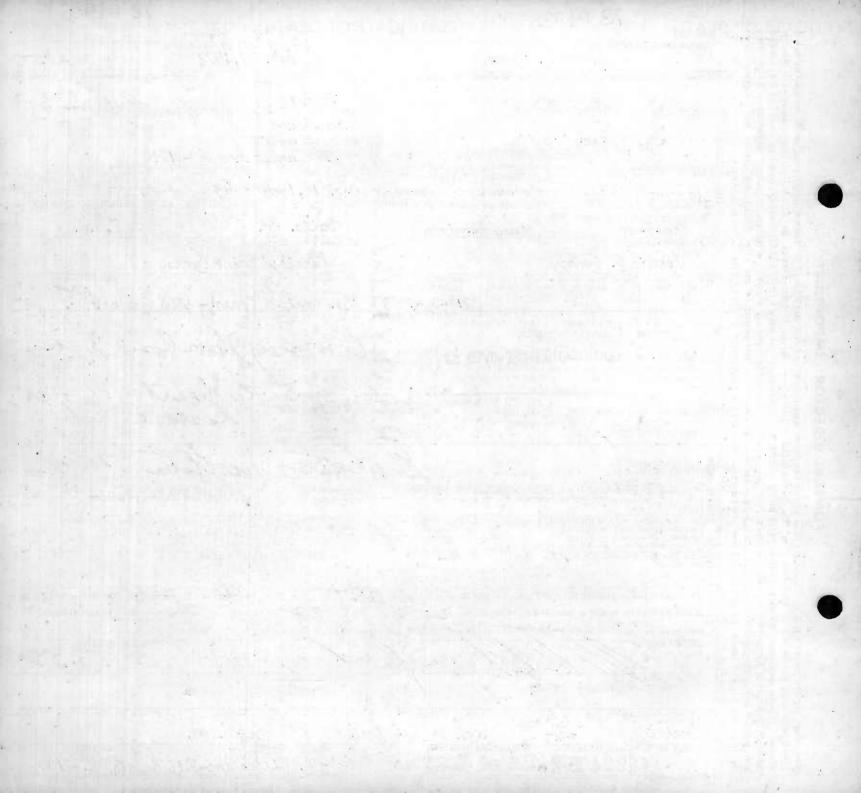
BALTIMORE CITY HEALTH DEPARTMENT 72 01935 REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) -18-72 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
A. STATE

R. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland Battimore FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore City Hospitals NOXXX Edgemere YES 4940 Eastern Avenue E. STREET AND NUMBER Baltimore, Maryland 21224 2402 Ruth Avenue 21219 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) II Under 1 YE Months Doys If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED Hours 5-5-11 60 Female Caucasian WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Housewife Maryland USA 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME Nathan Levy Yetta Rose Silverman 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dates of service) ADDRESS 6. SOCIAL 7. INFORMANT SECURITY NO. BCH RECORDS: 4940 Eastern Avenue 21224 219-34-1720 No CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Compressing Contusion to DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE This does not mean the mode of dying, e.g., near takes, estimated by Marches By disease, injury or complication which caysed dward. DUE TO, OR AS A CONSEQUENCE OF ANTECEDENT/CAUSES DISEASES "OR CONDITIONS "TREMEY, giving DUE TO, OR AS A CONSEQUENCE OF: to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A AUTOPSY? (Toe of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CONNECTED OF A NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg, INJURY OCCUR? (If In Boltimore City, give exact location) 2462 RULL MEDICAL DEATH (notify medical examined 210. TIME (Month)
OF INJURY
(APPROX) 2-10 (Month! (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White No While At Work 200 22. I certify that (t) (this hospital) attended the deceased from. 1970and that in(ng) (our) apinian death occurred an the date that (1) (we) last saw the deceased alive an... ond hour and from the causes stated abave. (U) (We) (did) (高定法社):view the body after death. must 23B DATE SIGNED 23A. SIGNATURE Attending pproval 23D. ADDRESS 23C. PHYSICIAN'S 4940 Eastern Avenue NAME (Type Baltimore, Maryland 21224 deceased written ap 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote) 24C. NAME of CEMETERY OF CREMATORY Burial 2-22-72 Sacred Heart of Jesus Baltimore, Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 24 1972 But E. Jaben John J. Duda 17922 Wise Avenue Dundalk, Md. VS 150-REV. 1/1/68

and I see I see I see I see I see The HARMON II MEHOLENDEH

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

C-566	70 0400	0	BALTIMORE CITY	HEALTH DEPARTMENT		72 01936
Coo	72 0193	0	CERTIFICA	TE OF DEATH	REG. NO.	1~ 01.000
NAME OF DE	CEASED			2 DATE AN	D HOUR OF DEATH	
Type or Print)	Edward (. Connog	4	Feb.	21,1972	1 3 P. N
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	re deceosed lived. If ins TY	titution: residence before admission
ULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	iAruland		274
NSTITUTION	ADDRESS OR LOCA	A IION)		c. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
3 17	hercy Hos	nital		E. STREET AND NUMBER		YES NO NO
2	marcy most	secure		0 0	Avenue -212	14
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
10	White	WIDOWED	DIVORCED	Dec. 16,1928	10st byringoy/	Months Doys Hours 14tin.
		108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
61	of working life, even if retired}	Amus	American	Calto. Id.		U.S.A.
3. FATHER'S N		Hellos T	merican	14. MOTHER'S MAIDEN NAM	ME	01000710
	urd G. Conroy		114 00000		Kaine Conroy	ADDRESS
es, no or unknow	od Ever in U. S. Armed For vn) (If yes, give wor or dote	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
10	- A		214-26-9993	1. s. Merield	Onrou- 5508	Carter Alve.
18. // /	017 4-25	0.9	CAUSE OF DEATI	1 0		APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		/	20 0	- BETWEEN ONSET AND BEATT
	LEADING TO DEATH	M. ADDDON	PANKAMEDIATE CAU	SE/ whore	1 throwly	my histeri
(This does	not ym Cler in a licente Of	Ndwhall A C.	PULSTO, OR AS	CONSEQUENCE OF:		
injury or se	on ostpenial etc. It means	degth degree	regard A 12		0	
44. 12	and the same of the same	1. 1	MULTI	Tonus of - =	tre heni	1 / 2080.
DISEASES	OR CONDITIONS, if	MEDICAL EXA		A CONSEQUENCE OF:	ac vistor	City Chil
	he obove couse (A)				Desci.	e
UNDERLYIN	NG CONDITION losi.		(C)		******	0,000,000,000,000,000,000,000,000,000,
-	II		a.	1 6	104	
	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T		Xil	eleter 1	wellite	a les mus
DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).	WHICH OPEN TION	120A AUTODOV2 (Vo. a. No.	N 208 15 455 1455 5	NIDINGS CONSIDERED
21 A. A CCID	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
B 21A. ACCID	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct locotion)
OR CONTRI	BUTING CAUSE OF	hom etc.		fice bldg., INJURY OCCUR?		
U	(Month) (Doy) (Year)	(Hand 215	INJURY OCCURRED	215 HOW DID IN	Hay Occups	
S OF INJURY	(INTORIN) (DOY) (Tean)		ile At Not While	21 F. HOW DID INJ	ORT OCCUR:	
(APPROX.)		Wo	rk At Work			
22. I certif	y that (1) (this hospital	l) ottended t	he deceosed from	901	1966 to 2	C-7 (197)
that (I) (we	a) lost sow the decease	ed olive on	73	19 7 2 and th	ot in(my) (our) opin	ion deoth occurred on the dot
				,	o, 111(111), (oo, op	
23A. SIGNAT		red obove. (I	(me) (did) (did not) v	iew the body after deoth.		23B, DATE SIGNED
234. 31014	11/1///	1/11	/// Atto	nding Med.	Shaff C	236 DATE SIGNED
	///////	1/11	DEGREE Phys	Director 🗀	Staff Phys.	
23C. PHYSICI NAME	IAN'S (Type)	2 - 6 - 6		23D. ADDRESS		
			DECOR			
4A. BURIAL CE	REMATION, 248. DATE	24C. N	AME of CEMETERY of CRE	MATORY 24D. L	OCATION (Cit	y, town, or county) (Stole)
Burial	(Specify) 2-24=	72 3	Parkwood Cemet	enu R	alto. Ad.	
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	FEB 24 1972					Belair Rd21206
		WOBELD C	- 40000 PLD.	Joine Co 3: Les	er inc-0415	Delair Rd21200
/S 150-REV. 1/1	/ 6 R					

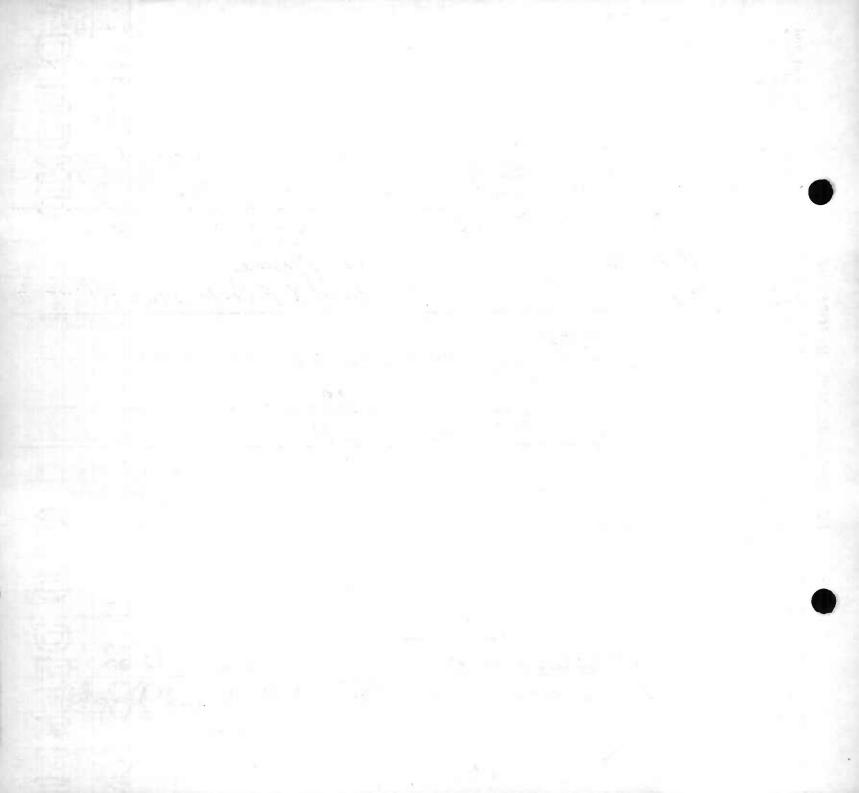


heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	DUE 10, ON AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO, OR AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 208. CONDITION F	OR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give enome, form, foctory, street, office bldg., etc.) INJURY OCCUR?	xoct locotion)
22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
I certify that I held on Inquiry resulted from: Natural couses X	Accident Suicide Homicide Undetermined manner	
ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Ronald N. Kon	rnb1um, M.D. ASSOCIATE MEDICAL EXAMINER	2/19/72
4A. BURIAL CREMATION, 24B. DATE (Specify) Burial 2-22-72	24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, 10) St. Stanislaus Cemetery Balto. Ml.	wn, or county) (State)
		ADDRESS Ave. 21230
S 151-REV. 1/1/68**********************************		

A STATE OF THE STA

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

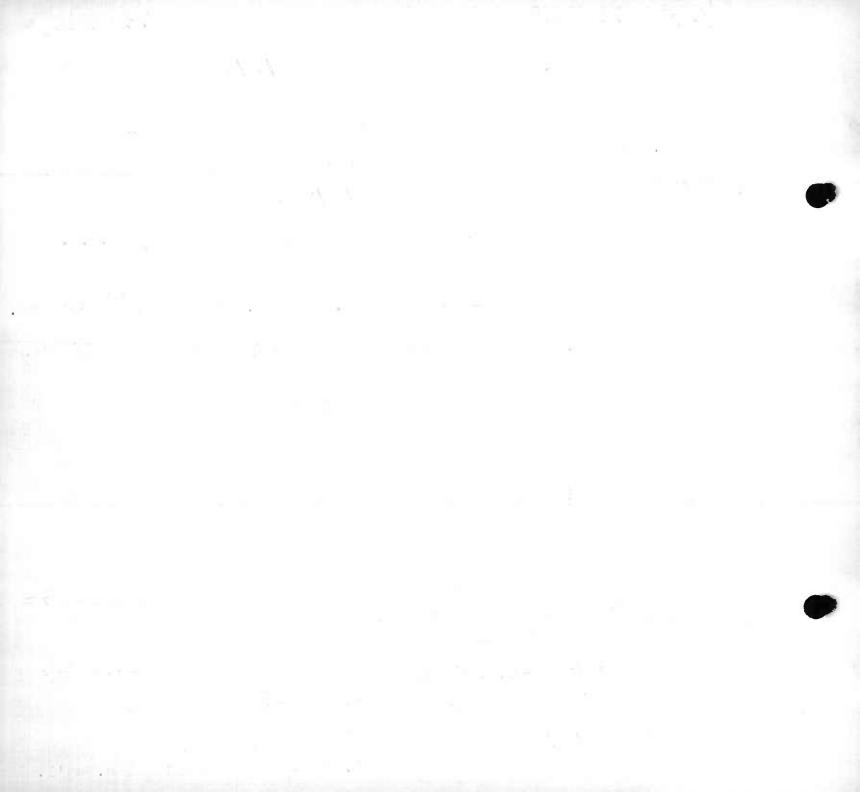
2200	BALTIMORE CITY	HEALTH DEPARTMENT	and the second
72 01938 BIRTH NO.	CERTIFICA	TE OF DEATH REG.	No. 72 01938
1. NAME OF DECEASED Herschel	1 Ross	2. DATE AND HOUR OF 2 - 22 -	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased li	ved. If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	UTION, GIVE STREET	A STATE B. COUNTY Many / Dreed C. CITY OR TOWN	D. INSIDE CITY LIMITS?
18 Mongland Gene	rool	E. STREET AND NUMBER 2920 Ell 10+7	VES NO Street 2/224
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 19. AGE Un ve	
M WIDOWED	DIVORCED	5-04-93 lost birthdoy)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired) Sales	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Many (mil	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	- C	14 MOTHER'S MAIDEN NAME	
Um. H.		Christianna	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT Herschell F. Rose	ADDRESS
16. 1/10 L	216 10 4541 CAUSE OF DEATH		a rac account
OEATH (notify medical examines)	(B) UNDUE TO, OR AS (C) S VHICH OPERATION PLACE OF INJURT (e.g., in e.g. form, factory, street, off	CONSEQUENCE OF: EM 1 A A CONSEQUENCE OF: CVD H F GARguence L 20A. AUTOPSY? (Yes or No) NO 20B. IF YES, IN CERTIFY!	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Boltimore City, give exoct location)
OE WILLDA	INJURY OCCURRED Not While At Work	21F. HOW DID INJURT OCCUR?	
22. I certify that (i) (this hospital) attended to that (i) (we) last saw the deceased alive on	e deceased from	Cebrary 21, 19 72 to	February 22 1972
and hour and from the causes stated above. (1	' /		
ond hour and from the causes stated above. (1	(We) (did) (did not) vi	ew the body ofter death.	23 R DATE SIGNED
Journal Drasso N	(We) (did) (did not) vi	ew the body ofter deoth.	
	(We) (did) (did not) vi	ew the body ofter deoth.	23 R DATE SIGNED
23A. SIGNATURE Double Drusse N 23C. PHYSICIAN'S NAME (Type) M ICHAEL GRASSO	(We) (did) (did not) vi	ew the body ofter deoth. Iding Med. Shiff Phys. 2 3D. ADDRESS WATORT 24D. LOCATION	(City, town, or county) (Signe)
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) N DC H ALL GRASS O 24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)	Me) (did) (did not) vi	ew the body ofter deoth. Iding Med. Stoff Phys. 2 3D. ADDRESS WATORT, 24D. LOCATION L. LOCATION Bel aii 125C ₂₇ FUNERAL DIRECTOR	23R, DATE SIGNED 2-22-72 (City, town, or chulty) (Stole)



C-241			BALTIMORE CITY	HEALTH DEPARTMENT		72 01939
5-340	72 01939	}	CERTIFICA	TE OF DEATH	REG. NO	1~ 01.000
NAME OF DE	CEASED				ND HOUR OF DEATH	
(Type or Print)	ARTHUR EDW	ARD SEI	DL		eb.18, 1972	8:55 A
3. PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Wh	ere deceosed lived. If ins	stitution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Md.		DE CITY LIMITS?
INSTITUTION	. Weelth Com	of an IIon	-14-3	Baltimore	D. 114311	YES NO
US PUBL	ic Health Serv			E. STREET AND NUMBER		
XT	3100 Wyman	Parkway		3908 Pine	ewood Ave.	
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M	Caucasian	WIDOWED		10/25/27	lost birthdoy)	With the state of
		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
_	working life, even if refired)	11	SMC	Md.		USA
3. FATHER'S NA			DINO	14. MOTHER'S MAIDEN NA	AME	
	ank Seidl			A nna Kra		
			11 6 50 51 11		uo	ADDRESS
Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give war of dote	s of service)	SECURITY NO.	17. INFORMANT	DUC Hospita	
Yes	USMC 1950-	1953	217-24-6539	Records- US	PHS Hospita	II, Barto, Ma.
18.	191		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY				SETWICEN ONSET AND SEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	Bilateral a	spiration	Sudden
	not meon the mode of , osthenio, etc. It meons				pneumonia	
	mplication which coused					
	ANTECEDENT CAUSES		(n)	Hemorrhage		Sudden
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	ne obove couse (A)	sloting the		Carcinoma of to	none	2 yrs.
UNDERLYIN	G CONDITION Iosi.		(C)	Jul of 100	1540	2.3.1.0.
Z	11					
O LO ILEK SIGNI	FICANT CONDITIONS CO					
DISEASE OR	CONDITION GIVEN IN PAR F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or h	o) 20B. IF YES. WERE F	FINDINGS CONSIDERED
19A. DATE O	WAS PER	FORMED	WITCH OTERATION	yes	IN CERTIFYING CAL	
21 A. ACCIDI	ENT WAS UNDERLYING	7 218.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
OR CONTRIB	Y medical examiner	hom etc.	e, form, foctory, street, of	Fice bldg., INJURY OCCUR?		
U				015 (101)		
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
(APPROX)		Wh	ile At Not While	•		
22. I certif	y that (1)/(this haspital) attended t	he deceased from	Feb 6	19 72 to Feb	18 19 72
that (IY/we) last saw the decease	ed alive an	Feb. 18		,	nian death occurred on the date
- 11	16		K 1 W X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			man death occurred on the date
		red obove. y	(me) (did)/(pipa/nysty)	riew the bady after death	•	23B. DATE SIGNED
23A, SISNAT	105701		· (Surg) AH	ending Med.	Shoff -	
1 oue	ut 2 Vall	mean "	1D DEGREE Phy	ming Med. Director	Staff Phys.	2/18/ 72
23/C. PHYSICI				23D. ADDRESS		
	rt E. Bellives	au, Surg	(R) DEGREE	US PHS Hospi	tal, Balto, N	Md.
24A. BURIAL CR	EMATION, 248. DATE		AME of CEMETERY of CR	EMATORY 24D.		ty, town, or county) (State)
REMOVAL	Тэреспул		Parkwood (emex	tery	Baltimore, M.	ryland
25A. DATE REC	D'BY HEALTH DEPT. 72	3 . (6		20125C. FUNERAL DIRECTO		ADDRESS
	FEB 24 1972	200	C 3. 12 20	John C. Nil	der Inc-ALIE	Belair Rd-21206
/S 150-REV. 1/1		12000	- Madesta Light	114.20.30	2100011)	Delair Rd-2/206
A LOVERE V. I/I	, , , , , , , , , , , , , , , , , , , ,					

Charles March A CONTRACT OF THE PROPERTY OF

VS 150-REV. 1/1/68



1	1540			BALTIMORE CITY	HEALTH DEPARTMENT		
		01941		CERTIFICA	TE OF DEATH	REG. NO	72 01941
	pe or Print) AUN	+ U- HI	ENLEC	1	2. DATE AN	PM	12-21 72m
FU	LL NAME OF OSSITAL OR STITUTION	F NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATIONI	ITION, GIVE STREET	A, STATE B, COUNT MARY LAND C. CITY OR TOWN BALT E. STREET AND NUMBER	# 8447	SIDE CITY LIMITS? YES TO NO THE SALT 18 MG
5. :			7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	AGE Un vegts	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION of during most of working Housewife		WIDOWED [11. BIRTHPLACE (State or foreign) MARYLAND 14. MOTHER'S MAIDEN NAN	2	12. CITIZEN OF WHAT COUNTRY?
13.		3 Pryor			Lillie Houch		
15. (Ye	Was Deceased Ever s, no or unknown! (If ye	The second second second second second	ces? es of service)	16 SOCIAL SECURITY NO. 213-48-9780	17. INFORMANT Mrs Richard	d W Kipp	ADDRESS 235A Boxwood Rd
MON	(This does not me heart failure, asthe injury or complicat	nia, etc. It means ion which caused CEDENT CAUSES ONDITIONS, If ove cause (A) NDITION last. II	dying, e.g., the disease, death.) eny, giving stating the NTRIBUTING HE TERMINAL	(A) IMMEDIATE CAU DUE TO, OR AS	BRAL EMBOL		Anna potolio te Hirval setween onset and death 7 0475
CERTIFICATION	19A-DATE OF OPER		DITION FOR V	VHICH OPERATION	20A-AUTOPSY3 (Yes or No.	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT W. OR CONTRIBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF	21 & hometc.)	e, form, factory, street, of	n of about 21 C. WHERE DID fice bldg. INJURY OCCUR?	(If In Bollim	ore City, give exact location)
MEDIC	21 D. TIME (Mor OF INJURY (APPROX.)	ith) (Day) (Year)		INJURY OCCURRED Not While k At Work		URY OCCUR?	
	19an X	saw the decease	ed alive on	2-2/ (We) (did) (did not) v	19 72 and the lew the body after death. nding 19 Med. Director 1	197/_ta2 at In(my) (our) op Steff Phys.	pintan death occurred on the date 23B, DATE SIGNED 2-21-72
24	23C. PHYSICIAM'S NAME (Type) FRAULS A. BURIAL CREMATI- REMOVAL (Specify	ON 24B DATE	PMO 12 24C. N/	DEGREE AME of CEMETERY of CRE			City, town, or county) (State)
	Burial A. DATE RECD BY F	2/25/ B 24 1972	72 I.	erraine Par	25C. FUNERAL DIRECTOR		Maryland ADDRESS Baltimore, Md

the president of the services on the first of the

La Canonia Car. . ner seen - millers

14	1425	BALTIMORE CITY	HEALTH DEPARTMENT		72 01042
BIR	72 01942 TH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 01942
	po or Print) Carrie A.	Alexander	Feb.	21, 1972	12:30 P. M.
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRO LL NAME OF (IF NOT IN HOSPITAL OR IN- STITUTION ADDRESS OR LOCATION) 3309 Ailsa Ave.		a. STATE Md. B. COUNT Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER 3309 Ailsa A	D. INSID	DE CITY LIMITS? YES NO
S. 5	773 7 7.77 * 4	IED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
.41			Nov. 19 1895	76	
	NUSUAL OCCUPATION (Give kind of work 10B, KIND eduring most of working lile, even if retired) Homemaker	OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (Stote of foreign		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		05.1
	Theodore Sachs		Elizabeth	?	
Yo:	Was Doceased Ever in U.S. Armod Forces? s, no or unknown) (If yos, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	270	5 5th Avenue
	No	217-48-787	Mr. Charles		
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, theat failure, asthenia, etc. It means the disecting of the disecting of the disecting of the disecting of the disection of	ring (B) DIFTO, OR AN	A CONSEQUENCE OF CONS	clieston to l Valuation 208. IF YES, WERE FI	Sulda unelist - 22 yrs NDINGS CONSIDERED SES OF DEATH?
ERTIFIC	WAS PERFORMED				
CAL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (o.g., i home, form, foctory, stroet, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimare	City, give exact location)
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJU	RY OCCUR?	D. 11 M
	22. I certify that (1) (this bountal) attende that (1) (100) last saw the deceased alive of	on Teb.2		t in(my) (ous) o pin	ian death accurred an the date
	23A. SIGNATURE 23A. PHYSICIAN'S NAME (Type) Harold V. Har	bold	Mod. Sincetar P	hys.□	238. DATE SIGNED Feb. 23, 1972 to.Md.
244	BURIAL CREMATION, 248, DATE 240 REMOVAL (Specify)	OEGREE C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	y, town, or county) (Stote)
254	Burial 2/24/72 P	arkwood Cemet	ery B	altimore l	Maryland
	FEB 24 1972 Pobe	BE. Jaben M.D.			Balto.Md. 21214
VS	1SO-REV. 1/1/6B		10		

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deceased prior to death); and (6) No physician was in regular

was D.O.A.

VS 150-REV. 1/1/6B

use; (5) Deceased

7 //	72 01943			TE OF DEATH		72
BIRTH NO. 1, NAME OF DEC Type or Print)	CEASED ETITABE	TH	HEBBEL	2. DATE	AND HOUR OF DEATH	1
3. PLACE IN BA	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (institution; les
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore	D. IN	SIDE CITY LIM
00	6306 Harford	Road		E. STREET AND NUMBE 6306 Harfor		YES [=]
female	6.RACE caucasian	7- MARRIED	NEVER MARRIED A	B. DATE OF BIRTH Dec. 9, 1882	9. AGE (In years lost birthdoy) 89	II Under Months: [
	working life, even if retired)	office	BUSINESS OR INDUSTRY	Baltimore, Md		USA
3. FATHER'S NA		Hebbel		14. MOTHER'S MAIDEN Elizabe	th Stevens	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For	rces? es of service)	16. SOCIAL SECURITY NO. 211-20-7998	Mrs. Minna D	ietz, 6306 Ha	arford l
			~ · N		A .	1 ~
rise to the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO	ony, giving stoting the	(c)	ero scleratu A CONSEQUENCE OF:		du De
VOLVE DISEASE OF COLUMN DERLYIN	OR CONDITIONS, if e obove couse (A) G CONDITION lost.	ony, giving stoting The DNTRIBUTING TERMINAL RT 1 (A).	Convexi	Da cu bi fi	isulais.	FINDINGS (
TISE TO THE UNDERLYIN OTHER SIGNITO THE DEAL DISEASE OR (0) 19.4. DATE O 21.4. A CCIDE OR CONTRIB	OR CONDITIONS, if e obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F, OPERATION 198. CON	ony, giving stoting the Stoting the Stoting the TERMINAL RT 1 (A). NOTION FOR VIFORMED	(C)	in, Dacubiti	r No) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS C
OTHER SIGNITO THE DEAD TO THE DEAD THE DEA	OR CONDITIONS, if e obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR FOPERATION 19B. CON WAS PER NT WAS UNDERLYING	ony, giving stoting the Stotin	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, o.) INJURY OCCURRED ile At Not Whi	20 A. AUTOPSY? (Yes o	r No) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS
OTHER SIGNI TO THE DEAD DISEASE OR 199. DATE O 21A. ACCIDE OR CONTRIB DEATH HORIF 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	OR CONDITIONS, if e obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR FOPERATION 198. CON WAS PER UTING CAUSE OF medicol exeminer) (Month) (Doy) (Year) That (I) (this haspita) last saw the decease d fram the causes sta URE	ony, giving stating the statin	WHICH OPERATION PLACE OF INJURY (e.g., te, form, foctory, street, or injury occurred has been deceased from the decease	20A. AUTOPSY? (Yes o 20A. AUTOPSY? (Yes o 1) b in or obout 21C. WHERE DI iffice bldg., INJURY OCCUP 21F. HOW DID te	INJURY OCCUR?	E FINDINGS OF AUSES OF D ore City, give
VOIL TO THE SIGNI TO THE DEAM DISEASE OR (179A. DATE O 21A. ACCIDE OR CONTRIB DEATH HOST 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we and haur an 23A. SIGNAT	OR CONDITIONS, if e obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TOONDITION GIVEN IN PAR FOPERATION 198. CON WAS PER INT WAS UNDERLYING UITHO CAUSE OF medical examines (Month) (Doy) (Year) That (1) (this haspita) last saw the decease d fram the causes sta URE ANTS Type) TO DOM MATION, 248. DATE Specify)	ony, giving stoting the stoting the stoting the stoting the stoting the stoting the stoting that storing the stoting that stoting the stoting the stoting that stoting the stoting that stoting the stoting thad stoting the stoting that stoting the stoting that stoting the	WHICH OPERATION PLACE OF INJURY (e.g., te, form, foctory, street, or the file At At Work the deceased fram the deceased	20A. AUTOPSY? (Yes of Note of	INJURY OCCUR? 192 to 20 that in(my) (aur) apth. Road, Balto,	E FINDINGS AUSES OF D ore City, give

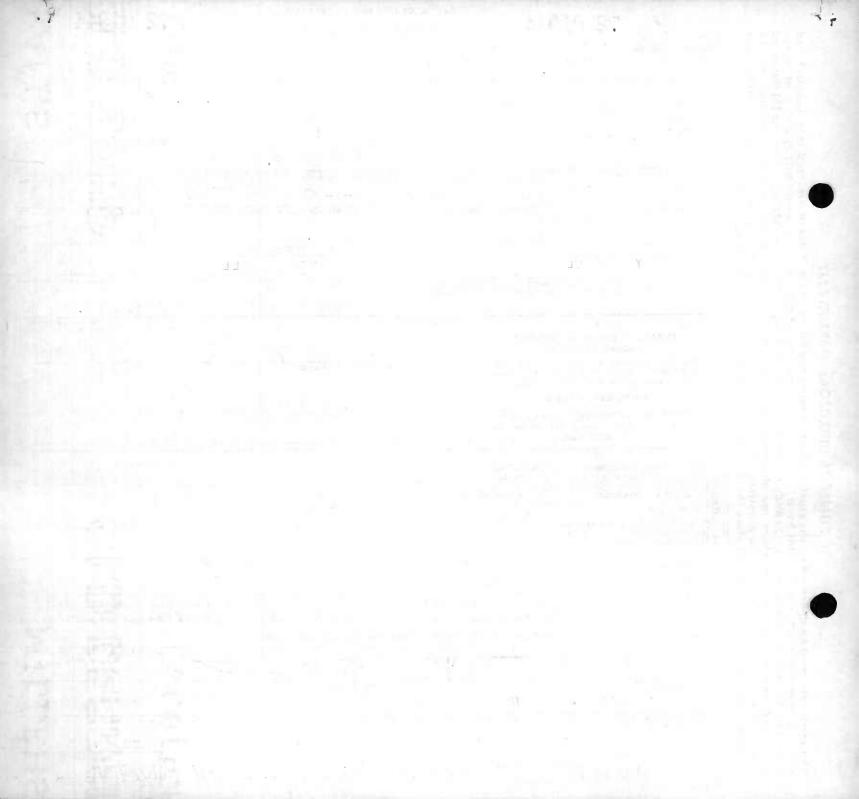
tf Under 24 His. CITIZEN OF WHAT COUNTRY? USA ADDRESS rd Rd, Balto, Md. APPROXIMATE INTERVAL NGS CONSIDERED OF DEATH? give exoct locotion) 70-19. death accurred an the date DATE SIGNED wn, or county) aryland 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc .- Balto, Md. - 14

01943

NO



	CITY HEALTH DEPARTMENT
BIRTH NO. No. Parent 72 01944 CERTIFIC	CATE OF DEATH REG. NO. 72 01944 1.
1. NAME OF DECEASED Shawn MAKell	2 DATE AND HOUR OF DEATH 2/17/72 5:02 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, CIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND A. A. CO
попитизми	
THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
33	BOX 200 F.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min.
MALE NEGRO WIDOWED DIVORCED	4-7-70 lost birthdoy 1 Months Doys Mours Min.
10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GARY MAKELL	HESTER POWELL
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotes of service) SECURITY NO.	17- INFORMANT ADDRESS
(tres, no of unknown) Ut yes, give war of dates of service) SECURITY NO.	Gary Makell Dunkirk, Md.
18. / C G S CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE MASSIVE UPPEN G.I. bleed To Few MINUTES
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	CAUSE M455; We upper G.I. bleed = Few minutes
injury or camplication which caused death.)	
ANTECEDENT CAUSES	hepatoma.
DISEASES OR CONDITIONS, if any, giving DUE 10, OR	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION last, (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 114 by 197 for he part 1212. ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY (6)	TOMA YES IN CERTIFYING CAUSES OF DEATH?
	ge, in or obout 21 C. WHERE DID (If In Boltimore City, give exact location), office bldge, INJURY OCCUR?
D 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Week At W.	Vhile
22. I certify that (1) (this hospital attended the deceased from	
that (1) (we) last saw the deceased alive on 2/16	19 72 and that In my (aur) opinion death occurred on the date
and haur and from the causes stated above. ((1) (We) (did) (did not	
23A. SIGNATURE	23B, DATE SIGNED
	Attending Med. Stoff 2/17/72
23C.PHYSICIAN'S	23D. ADDRESS
ALAN R. GREEN	Johns Hopkins Hospital 601 N. Swadwary
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	
2/21/72 Union Chap	el Ch. Cem. Anne Arundel Co., Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 24 1972 Robert E. Jakey M.D.	Tinkney E. Sewell- Paince Frederick Md
VS 150-REV. 1/1/68	



FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	१३ 72 01	O A E	ATE OF DEATH	REG. NO	72 01945
1. NAME OF DEC		Ruth Walker		ND HOUR OF DEATH	
FULL NAME OF	TIMORE, MARYLAND, Y	WHERE PRONOUNCED DEAD TAL OR INSTITUTION, GIVE STREET ATION)	4. USUAL RESIDENCE (Wh. A. STATE Maryland	ere deceased lived II !	nstitution: residence before admission
HOSPITAL OR INSTITUTION		ricker Street	C.CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INS	IDE CITY LIMITS? YES \(\begin{array}{ccccc} NO \qq \q
			1120 Stric	ker St.	
s. sex Female	Negroid	7- MARRIED NEVER MARRIED 2 WIDOWED DIVORCED	6-28-28	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
done during most of	UPATION (Give kind of wor working life, even if retired)	108 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN OF WHAT COUNTRY
	illiam Walk		14. MOTHER'S MAIDEN NA Gladys H		
5. Wos Deceosed (es, no or unknown)	Ever in U. S. Armed For Off yes, give wor or dote	16. SOCIAL SECURITY NO. 282	Gladys Hall	1671	Bakebury Ct.
	GE OR CONDITION DI LEADING TO DEATH al meen the mode of		Han he dan	Val	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OF DISEASES OF DISEASE OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DISEASE OF CO.	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last, II CANT CONDITIONS COI H BUT NOT RELATED TO THE	any, giving (8) DUE TO, OR AS (C)	A CONSEQUENCE OF:	7 3-	1440
19A. DATE OF	OPERATION 198 CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	21B PLACE OF INJURY (e.g., home, form, foctory, street, o	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Not While At Work			
that (I) (we)	last saw the decease) attended the deceased fram d alive an	19 4 and the	19 taat In (my) (aur) apln	lan death accurred an the date
23A. SIGNATUR WAY UA	ND E. JONES	OEGREE PRY	lew the bady after death.		23 B. DATE SIGNED 772
REMOVAL (SE Burial	AATION, 248. DATE pecify) 2-24-7	24C.NAME of CEMETERY of CRE 2 Mt. Auburn C			, town, or county! (Stotel
SA. DATE REC'B		255 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	V.Bai	2
150-REV. 1/1/6	8				

A Language Land 25/22/2

H 625	70 040	10		HEALTH DEPARTMENT	Registered No	72 01946
M.E. CASE NO.	72 0194	16	CERTIFICA	TE OF DEATH	Kegistered No	. 12 01010
NAME OF DEC	CEASED				AND HOUR OF DEATH	
Erna E	. Harkensee	BVI AND		Febr	ruary 23,	1972 2.00 A M
. PLACE OF DE	ATH IN BALLIMORE, MA	KILAND		A. STATE B. COL	JNTY	institution; residence before odmission)
FULL NAME C		or institution,	give street	Maryland		2610
HOSPITAL OR	oddress or location	1)		C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
				Baltimor		
605 N.	Clinton St	reet			If rurol, give location)	
• S EX	6. RACE	7 AAABBIED	NEVER MARRIED	8. DATE OF BIRTH	inton Stre	et If Under 1 Yr. , If Under 24 Hrs.
Female	White	Mari	D. DIVORCED (specify)	11/29/01	70	Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Housew		No	ne	Hamburg, Ge	rmany	U.S.A
FATHER'S NA				14. MOTHER'S MAIDEN N		
J. Bebe	rnihs			Unknown		
. Was Deceased	Ever in U. S. Armed Fare	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	1) (If yes, give wor or dote	s of service)	SECURITY NO.		(0.0	
No	No		216-053140		nsee 605 N	V. Clinton St
18.4/	91		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR LEADING TO DEATH	RECTLY	0	1 . 1/11 Y	for who	2/1
(This does	not meen the mode of	dvina. e.a.	(A) C U	10 Noug /	- CCE MI V O	
heart failure,	osthenio, etc. Il meons	the diseose		,	1. 51	sis Disence
	nplication which caused	deoin,)	art	erio Scheni	He lea	× 1) Hear
	ANTECEDENT CAUSES		DOE 10		6	
	OR CONDITIONS, if (e obove couse (A)					
	G CONDITION last.	storing the				
	-11					
	IFICANT CONDITIONS C					
	CONDITION CAUSING I	Ť.			1/	
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	100 CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer	211 hor etc	ne, lorm, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exoct locotion)
21D. TIME	(Month) (Doy) (Yeor)	(Hour) 218	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
OF INJURY		W	hile At Not Whil			
(APPROL)		W				1 = 1
22. I certify	that (1) (this hospitol) ottended	the deceosed from	4/15/00	19 to 2	15/72 19
that (1) (we)	lost saw the decease	d olive on	2/15/72	19ond	that in (my) (our) or	pinion death occurred on the dat
and hour an	d from the couses stat	ed above.	, ,	riew the bady ofter deoth		
23A. SIGNATU						23 B. DATE SIGNED
10	min Of	21 7	7 M.D. Atte	ending Med.	Stoff Phy s.	2/23/72
23 C. PHYSICIA	AN'S	0		23 D. ADDRESS	- 11/ 31 = 1	/ /
NAME ((ype)	Τ	M.D.			27.205
IA. BURIAL CRE	uis Vogel,	Jr.	AME of CEMETERY OF CRE		nument St.	
REMOVAL						City, town, or county) (State)
Cremat		72 G:	reenmount Ce		reenmount	& Oliver Sts
A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	FEB24 19/2	Valers	E. Jaber, M.D.	Frederick D	Miller J	Inc 3019 Monumen
S 150-REV. 1/1/	65					

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2/11/2 /8¢ 2/15/12

VS 151-REV. 1/1/68

4	2-660	72 0	1947	1641		BALTIMORE CITY HI			~			70	04045
BI	RTH NC.		WED	ICAL	L EX	AMINER'S	CERTIFI	CATE	OF	DEAT	H REG. NO.	12	01947
1.	NAME OF DECE	EASED			===		2. DATE	Known		Month	Doy	Yeor	Hour
(1)	pe or Print)	Ma	ary M.	Pryon	r		OF DEATH	Estimote	ed 🗆				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD										Month	Doy	Year	Hour
HOSP AL RT ADDIES OF OCSTOR							PRONC	UNCED DE	AD	2	22	72	9:35 A
OR	U		ridge			DIK	5. USUAL I	ESIDENCE	(Where	deceased li		residence b	efore odmission)
1	Carlo State Committee Comm	_	te Ave			4-14-12	1	aryland	d		B. COUNTY	1	605
								C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	Female	Nehro		WIDOV	VED	DIVORCED [ll B	altimo	re		YI	s 🛭	NO 🗆
9.	DATE OF BIRTH		10. AGE (in	yeors	If Und	der 1 Yr. II Under 24 Hrs. s : Doys : Hours : Min.	E. STREET	AND NUM	BER				
	Oct 17, 1		49					100 ы	k W.	Lafay	ette St		
11.	BIRTHPLACE (Ste	ate ar lorei	gn country)			TIZEN OF	13. FATHER						
	Lawrencev	rille,	Virgir	ia	"	HAT COUNTRY?	Cap	ell Ta	ylo	r			
I 4A dan	USUAL OCCUP. e during most of wa	ATION (Giver in the second of	rekind of work I ren if retired)	48. KIND	OF BI	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDE	N NAM	WE			
								ah Tay	lor				
16. (Ye	WAS DECEASED s, na or unknawn) (i	D EVER IN il yes, give	U.S. ARMED wor ar dates o	FORCES of service	5?	17. SOCIAL SECURITY NO.	18. INFOR	MANT			Al	DDRESS	
								Louis	Ta	ylor 1	332 Van	Buer	
	19 7 8		X			CAUSE OF DEA	ATH						PROXIMATE INTERVAL EEN ONSET AND DEATI
			ITION DIREC	TLY									
		EADING TO				(A)IMMEDIATE	CAUSE Mu	ltiple	inj	uries			
	(This does not heart failure, o injury or camp	sthenia, etc	. It means the	disease,		DUE TO, OR	AS A CONSEC	UENCE OF:					
	injury or comp	Alterial will	cii caasca aca	,								5 7 X	
		ECEDENT		004010		(B)	AS A CONSE						
	DISEASES OF	ABOVE CA	USE (A) STAT	ING THE		DUE 10, OK	AS A CONSE	QUENCE OF	:				
Z	UNDERLYING	3 CONDII	ION LAST.			(c)							
CERTIFICATION	OTHER SIGNIE	EICANT CO	II	Alvanala	TIMO				101				
S	OTHER SIGNIF	H BUT NOT	RELATED TO	HE TERM	INAL								
RI	20A. DATE OF					HICH OPERATION W	AS DEDECODA	ED				las Auxor	(SVO /V 11-)
U	7.			DI11011	1000	THE CITE OF EXAMON W	~ FERFORM	IED				ZI. AUTOR	SY? (Yes or No)
7	22A. EXTERNA	AL CAUSE	WAS		228. PI	ACE OF INITIBY	In or about 1	2C WHERE	DID /	If an Dalat	4 Cite di .		e Yes
EDICA	UNDERLYINGE	OR CON	TRIB-		hame,	ACE OF INJURY(e.g., larm, foctory, street, office	e bldg., etc.)	NJURY OCC	CUR?	Under	briege.	er rocorion)	
W	22D. TIME (M		TH. Poy) (Yeor)	(Hour		ailroad trac		2F. HOW D			tte Ave	•	
	OF INJURY (APPROX.)	0 (_	WH	ILE AT NOT	WHILE WORK						
-	23.		22 72	. ?	m. WC	ORK L AT W	VORK 🔀	stru	CK D	y trai	.n		
	1 certif	y that I h	eld on In	quiry [] 4	Inspection Au	topsy 🔯	ond that	t on th	is basis.	deoth in my	nninian	
	resulte	d from: N	loturai caus	es 🔲		ident Suicle		micide	7		ed manner	-	
		IMM	1	1)			CHIEF MEDI	-		x		
	ACTUAL SIGNATUR	UVA	10/1/	1	1		ACCI	STANT MED			ñ	1	DATE SIGNED
	EXAMINE	112/		1	V	M.D	•	CIATE MED			-		2-22-72
	NAME (Typ		erner U	. Spi	itz.	M.D.	7330	CIMIE MED	. GAL E	WHITE ALL			
24/ RE/	A. BURIAL CREMA MOVAL (Specify)	ATION, 2	48. DATE	1	J 24C.	NAME of CEMETERY	or CREMATO	RY	24D. L	OCATION	(City, town,	or county)	(Stote)
	Burial		2-26-7	2	M.	t. Calvery C	emetery	,	1	Baltim	ore, Mar	yland	
254	A. DATE REC'D BY		DEPT		AME C	E REGISTIAR	25C. I	UNERAL D				DRESS	
		LEBS	4 13/2	146	ا ورا	in the document of the	Mo	orton 8	- Dy	ett F.	H. 1701	Laure	ens St.

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r. Louis Taylor 1 to n usr

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60-65-	-44	a	r

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

(1.) 6 70 01040	TATE OF DEATH X REG. NO. 72 01948				
BIRTH NO. CERTIFIC	ATE OF DEATH A REG. NO. 120 10 10 10 10 10 10 10 10 10 10 10 10 10				
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
Joyner, Agnes Mitchell	February 22, 1972 9:42 A. M.				
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	Maryland Baltimore 5300				
Baltimore City Hospitals	D. INSIDE CITY LIMITS? YES NO KX				
	E. STREET AND NUMBER				
4940 Eastern Avenue Baltimore. Maryland 21224	323 Main Street				
Female Negro WIDOWED DIVORCEN	lost birthday) Months Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST					
done during most of working life, even if refired)					
	Virginia, Drake Branch U.S.A.				
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
Frank Mitchell	Elizabeth Mitchell				
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) [if yes, give war or dates of service] SECURITY NO.	17. INFORMANT 4940 Eastern Avenue				
tres, no overknown in yes, give war or agies of services SECURITY NO.	BCH: Records Baltimore, Maryland 21224				
18. 2 5 0 0 1 CAUSE OF DEA					
DISEASE OR CONDITION DIRECTLY	ETIC HETOACIDOSIS DAYC				
LEADING TO DEATH	AUSE				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:				
Injury or complication which caused death.)	Lemisates CVA 20A4S				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, If any, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:				
rise to the above cause (A) stating the UNDERLYING CONDITION task. (C)	+ YPO THERMIA 20AYS				
11	HYPOTENSION - 3HOCK THEYS				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ERTENSION RENAL SHUTGERN STEARS				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF INJURY (See	20A-AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
COLUMN TO THE PLACE OF INTERVIOR	yES on in or about 21 C. WHERE DID (II in Bollimore City, give exact location)				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, farm, factory, sheet etc.) 21B. PLACE OF INJURY (e. home, farm, factory, sheet etc.) 21B. PLACE OF INJURY (e. home, farm, factory, sheet etc.)	g, in or about 21 C. WHERE DID (II In Bollimore City, give exect location), office bidg, INJURY OCCUR?				
210-TIME (Month) (Doy) (Year) (Houd 215 INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
While At Not W	Vhile				
22. I certify that (1) (this hospital) attended the deceased from	2/2/1972 10 2/22 1972				
that (1) (we) lost sow the deceased alive on	12 19 72 and that In(my)) (our) opinion death occurred on the date				
and hour and from the couses stoted above (1) (We) (did) (did not					
23A. SIGNATURE	23 R. DATE SIGNED				
Not y die	Attending Med. Stoff A				
23C. PHYSICIAMS					
Robert L. Ruxin, M.D.	23D. Adoress Baltimore City Hospitals				
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of	REE 4940 Lastern Avenue Baltimore, Maryland 21224				
Burial 2-25-72 Arbutus Memor					
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR FEB 24 1972 Robert E. Walker R.	Morton & Dyett F. H. 1701 Laurens St.				
VS 150-REV, 1/1/68					

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BIRTH NO.		74122	ICA		CAMINER'S	SEKTII	CAIL	JI DLA	REG. NO.	12	01045	
t. NAME OF DEC						2. DATE	Known X		Doy	Year	Hnur	
(Type or Film)	Ethel	Laude	rdal	e		OF DEATH	Estimoted	2	22	72	9:50 A.	
4. PLACE IN BAL						3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)							PRONOUNCED DEAD 2 22 72 19:50A.					
OK 11/311/01/01/4	Mary	land G	ener	al H	Hospital	5. USUAL RESIDENCE (Where deceased lived. # Institution: residence before admission) A. STATE B. COUNTY Maryland /602						
6. SEX	7. RACE		8. MAR	RIED K	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Female Negro WIDOWED DIVORCED Baltimore								e	Y	ES S	NO 🗆	
9. DATE OF BIRT		10.AGE (le	yeors	If Und	der I Yr. II Under 24 Hrs.		AND NUMBE					
12-25-27		44	* 7	711011111	is buys thous min.	1	012 Car	ey Stree	t			
11. BIRTHPLACE (S	State or foreign	n country)			TIZEN OF		R'S NAME	0, 0000				
Sumpter	. Sout	h Caro	lina	W	HAT COUNTRY?	R	ass Beni	nett				
IAA USUAL OCCU	PATION (GI	a kind of work!	148. KIN	D OF B	USINESS OR INDUSTRY							
done during most of v	vorking lite, er	en Krenred)				0	nknown					
16. WAS DECEAS	ED EVER IN	U.S. ARMEE	FORCE	S?	17. SOCIAL	18. INFOR			A	DDRESS		
(Yes, no or unknown)	(If yes, give	wor or dotes	of service	"	77-28-1498	Mrs	Beulah 1	Rennett	1607	W Fav	ette St.	
[19 17]	1 00				CAUSE OF DEA		Dearan	Define c c	100/	AF	PROXIMATE INTERVAL	
5//	101									BETW	VEEN ONSET AND DEAT	
	E OR COND		CILLY				1 .		- C 1:			
(This does n	ol meon the	mode of dy	ing, e.g.,		(A) IMMEDIATE O			eration	or liver	-		
heart follure injury or con	, osthenia, etc nplication whi	. It means the ch coused dea	disease,		502 10, 0 K	W / CO!!!	4011105 011					
			•									
	NTECEDENT				(B)	46 A 60 M	EQUENCE OF:					
RISE TO THE	OR CONDITI	USE (A) STA	ING THE		DOE 10, OK	AS A CONS	EMDENCE OF					
Z	NG CONDIT	ION LAST.			(c)							
E		II										
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF	IFICANT COL ATH BUT NOT CONDITION	NDITIONS CO RELATED TO GIVEN IN PA	ONTRIBU THE TERM (RT 1 (A)	TING UNAL								
20A. DATE OF					VHICH OPERATION WA	S PERFOR	MED			21. AUTO	PSY? (Yes or No)	
02											Yes	
	NAL CAUSE			22B. PL	ACE OF INJURY (e.g., farm, lactory, street, affic	In ar about	22C. WHERE I	OID (If In Baltima	re City, give ex	act location)	169	
UNDERLYING UTING CA				nom e,	torm, toctory, street, ditto	blag., elc.)	INJURY OCCU	JKE				
	~~~	oy) (Year	) (Hou	r) 221	E.INJURY OCCURRED		22F. HOW DI	INJURY OCC	UR?			
(APPROX.)					HILE AT NOT	WHILE						
23.						101.00						
	Ify that I h		nquiry			apsy X	and that	on this basis,	death in my	opinion		
result	ted from: N	atural cau	See X	Aq			omicide 🔲	Undetermi	ned manner			
	TIMA	1011	X.	1	) — 1	Deputy	CHIEF MEDIC	AL EXAMINER	X		D. 4	
SIGNATU		/VV Y	X	4	M.D	ASS	ISTANT MEDIC	CAL EXAMINER			DATE SIGNED	
EXAMIN	ER'S						OCIATE MEDIC	AL EXAMINER			2-22-72	
NAME (T		rner U.	Spi	tz,	M.D.	CDCIAC	OBY	ND 1001701	10			
REMOVAL (Specia								24D. LOCATION		, or county)	(Stote)	
Burial		2-26-	•		it. Auburn Ce			Baltimor	e, Mary	and		
25A. DATE REC'D	BERGA	DEPT			OF, REGISTRAR		FUNERAL DIR			DDRESS	6.	
	LEB #(	* 13/2	160	ers f	Valley M.D.	Mol	ton & D	yett F.	H. 1/01	Laurer	15 St.	

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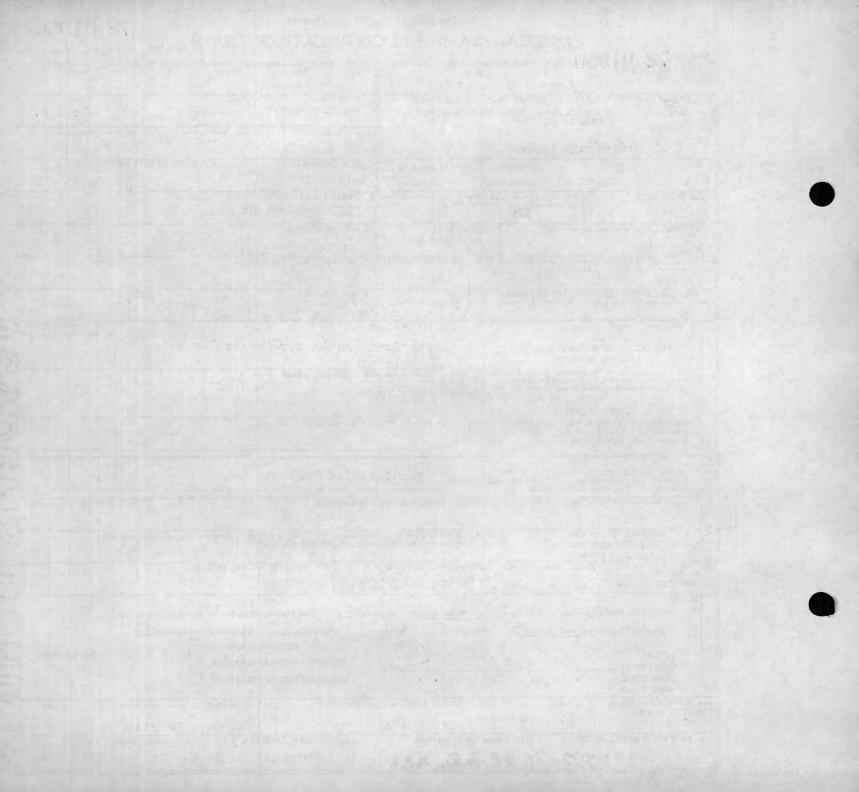
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## 11-257

BIRTH NO.79	0405	MED	ICAL	. EX	AMINER'S	CERTIFI	CATE	OF DEAT	H REG. NO			
1. NAME OF DECEASED							Known	Month	Doy	Year	Hour	
LIEUTENANT WASHINGTON							Estimoted				м.	
4. PLACE IN BA						3. DATE Month Doy Year Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						PRONOUNCED DEAD February 23, 1972 17:40 A.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)						
1323 (	Greenmou	unt Av	enue			A. STATE Maryland B. COUNTY 9 9						
6. SEX	7. RACE		8. MARR	NED X	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Ma1e	Negro	0	WIDOW	VED 🗌	DIVORCED .	Baltin	nore		YE	s 🗓	ио 🗆	
9. DATE OF BIRT	Н	10. AGE (In	1		r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.		AND NUMBE					
4-12-23			48					ount Aven	ue			
11. BIRTHPLACE	State or foreign	n country)			IZEN OF AT COUNTRY?	13. FATHER	'S NAME			515		
Virginia				U.	S.A.		ie Wash					
done during most of	PATION (Give	kind of work in If retired)	48. KIND	OF BU	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAME				
Laborer	ED EVED IN	15 401450	FORES	n 11		Lucy	Debron					
Yes, no or unknown				)	SECURITY NO.	Mrs. A	nnie De	an 1323 (	Greenmt.	Ave.	21202	
19./// no		, , (7		2	16-10-1738 CAUSE OF DEA	MI. 58	muel Wa	shington	1541 N.	Droac	Way 21213	
4/2	141	1/8	51						1.	BETW	EEN ONSET AND DEATH	
	E OR CONDI		TLY		Arterios	sclerot	ic card:	iovascula	r diseas	se		
(This does n	of meon the	mode of dyl	lng, e.g.,		(A)IMMEDIATE	AS A CONSEC	HENCE OF:					
heort foilure	, osthenio, etc. aplication which	It meons the	discose,		302 10, OK	A CON 3 CO	OLIVEE OIL					
	NTECEDENT ( OR CONDITIO		GIVING		(B)OUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	OR CONDITION  E ABOVE CAU  NG CONDITION	ISE (A) STAT	ING THE									
Z					(c)							
O TO THE DE	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL	Carci	noma of	Prosta	te				
20A. DATE OF					HICH OPERATION W	AS PERFORA	IED			21. AUTO	PSY? (Yes or No)	
8												
Z 22A. EXTER	NAL CAUSE V	NAS		22B. PL A	CE OF INJURY (e.g.,	In or obout	2C. WHERE D	DID (If In Boltimor	e City, give exac	t locolion)		
UNDERLYING UTING CA	USE OF DEAT	rH.		hom e, to	orm, toctory, street, offic	e bldg., etc.) I	NJURY OCCU	IR?				
OF INJURY	(Month) (De	oy) (Year	) (Hou		LEAT - NO	WHILE	2F. HOW DIE	INJURY OCCL	IR?			
(APPROX.)				m. WOI	RK L AT V	VORK						
	ify that I he	dd on Ir	nguiry [	7 1	nspection 🗵 Au	topsy 🗌	and that	on this basis,	death In my a	nlnion		
	ted from: No				ident Suici		micide 🔲	S. Lincoln and Co.	ed manner	1		
10201		/	7 1	. /	/ /			AL EXAMINER				
ACTUAL		el	1/1	1/	11	ASSI		AL EXAMINER			DATE SIGNED	
SIGNATI	FR'S RO	nald N	, Ko	rnb I	um, M.D.	) <b>.</b>		AL EXAMINER				
NAME (1						7330	CIAIL INLUIC	AL EXAMINATES		2/	23/72	
24A. BURIAL CREA	MATION, 24	B. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 2	4D. LOCATION	(City, town,	or county)	(Stote)	
Burial		-28-19	72		Mt. Calva	ry		A.A. Co.	. Marvl	and		
2SA. DATE REC'D				AME O	FREGISTRAR		UNERAL DIR	ECTO 1735 H	larfordAD	PR-655 2	1213	
FF	2 2 4 10	779	2 A	P 3	R. Was			11 W. Jor			1	
VS 151-REV. 1/1/6		37 80	N/A/10	- 40	- Control of the cont	91:		· <del>(</del>			<del></del>	



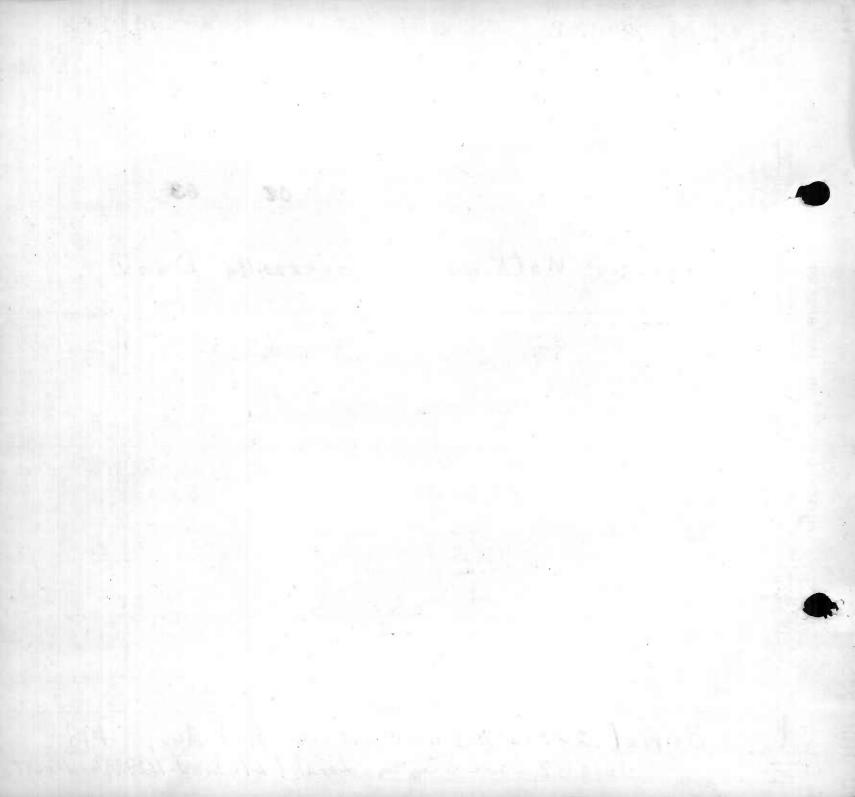
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FUNERAL DIRECTOR: IMPORTANT	propriet in the propriet in th
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior (5) death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	An An aric
	S A P B
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	is de b
	### X & X

	BALTIMORE CITY	HEALTH DEPARTMENT		מם מוחביו
BIRTH NO. 72 01951	CERTIFICA	TE OF DEATH	REG. NO.	72 01951
I. NAME OF DECEASED	,		ND HOOR OF DEAT	4 /-
3. PLACE IN BALTIMORE, MARYLAND, WHERE	rne	//	Tom 4	1221/12 N
	INSTITUTION, GIVE STREET	A. STATE B. COUNTY C. CITY OR TOWN  Ball, More E. STREET AND NUMBER	D. IN	institution: residence before admission  SIDE CITY LIMITS?  YES NO
2600 Liberty H	eights		gewood	- Ave
	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
FENAL NEYTO WID  10A. USUAL OCCUPATION (GIVE kind of work 10B, K done during most of working life, even if retired)	OWED DIVORCED DIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	1.7	Months: Doys Hours Min.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or doles of so	16. SOCIAL SECURITY NO. 212-14-1171	17. INFORMANT		ADDRESS
18.42691	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		An a		BETWEEN ONSET AND DEATH
LEADING TO DEATH	4-41444501495 041	ISE AREM	/A	20 DAYS
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	DUE TO OP AS	A CONSEQUENCE OF:		***************************************
Injury or complication which caused death,				
ANTECEDENT CAUSES	(B) REN	AL FAILURE A CONSEQUENCE OF:		26 DA45
DISEASES OR CONDITIONS, If ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove cause (A) statin	(c) EVA			26 DAYS.
11	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	AINIAI		*********************	***************************************
194 DATE OF OPERATION 198 CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? IVes or No		FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.)	n or obout 21 C. WHERE DID	(If In Boltim	ore City, give exect location)
OF INJURY (Month) (Doy) (Year) (Hou	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While	• 🗆		
22. I certify that (I) (this in-pitel) often		1-27	19 72 to	2-22 1972
that (i) ( lost saw the deceased ally	e on 2-22	19 72 and th		oinian death occurred on the date
and have and from the couses stated ab	ove. (1) <del>(We) (</del> did) ( <del>did act)</del> v	lew the body ofter death.		
23A SIGNATURE	110			23B DATE SIGNED
mercedita ( Comb	atir M.D Atter	nding Med. Director	Staff Phys.	2/22/72
NAME (Type)  HERCEDITA P. CO.	LEATED AD	23D. ADDRESS		
	MBATIR MEDICAL NAME OF COMPTERY OF CAR	MATORY 24D II	OCATION (	
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE	n	n d 0	City, town, or county) (State)
25A. DATE REC'D BY HEALTH DETY 125B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	t. Count	ADDRESS
	Red E. Jaben M.D.	ESC. FUNERAL DIRECTOR	10	ADDRESS
VS 150-REV. 1/1/6B	SCHOOL MENDER MEDI	Digital	" Can	no l

2/29/72 - Correction form from funeral director.

4-	256 5	BIRTH NO. 72 01952 CERTIFICATE OF DEATH REG. NO. 72 01952
	of death Of death Deceased e on the	1. NAME OF DECEASED (Type or Print) ANDERS AND OILE 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. M institution: residence before admission)  A. STATE  B. COUNTY
	hos iuse ; (5) dan	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	ca ca use ten	Pleasant manor nursing Baltimore YES NO [
	outing sed ca ar at prior	Home 2707 Elsinore ave-
	miring gul sed	5. SEX  6. RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED 3/3/08  9. AGE (In yeors last birthdny)  9. AGE (In yeors last birthdny)  Months Days Hours Min.
	The con	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	dea Und as i	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
=	학교 교육 교육	Ransom Watkins Grezzella Dynn
PORTAN	he d kind; deatl ce or	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war ar dates of service)  16. SOCIAL SECURITY NO. 2-17-N-2084  ADDRESS Phone: 17. INFORMANT SECURITY NO. 2-17-N-2084  ADDRESS Phone: 19. 19. 2812
o S	if t any ced adan or fi	18. 486X   CAUSE OF DEATH   APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
¥	Also, e of noun atter	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) IMMEDIATE CAUSE
OR:	ner letur pron lar	heort foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)
ECTO	A fro	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:
RE	alex (3) (3) an w	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)
, L	dicalical rns; sici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEAL ALL
ERA	ef med dy bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
N	chi Bo th th re t	WAS PERFORMED  WAS PERFORMED  IN CERTIFYING CAUSES OF DEATH?  U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore-City, give exect location)
	he tal	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	ed by hospi ature pt w (6) r	21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not Wate
	prov the ny n exce and	22. I certify that (1) (this haspital) attended the deceased from 196 19 to 2/23 1972,
	be ap sed to int of a pital ( eath);	that (1) (we) last saw the deceased alive an 1972 and that in(my) (aur) opinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	leased to ident of hospital of death)	23A. SIGNATURE W
	a the second	230 PHYSICIAN'S NAME (Type)  NAME (Type)  Attending Med. Stoff Director Phys. Director Phys. Director
	y was r (1) An a 3.A. at d prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
	ET O O E	Barial 2-29-72 Arbutus Mem. Park Arbutus, Md.
	This cer the bod shows: was D.C decease	FEB 24 1972 Robert E. Jaben Rd. Lorah T. Elickson-1129NCarolinest.
		VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.72 (1953 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. 72 111953
1. NAME OF DECEASED	2. DATE Knawn Month Day Year Hour
(Type or Print) JOE LOUIS ALSTON	OF DEATH Estimated . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD February 20, 1972 7:55 A.M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3 SOUTH BALTO. GENERAL HOSPITAL	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO 🗆
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. if Under 24 Hrs.	E. STREET AND NUMBER
5-27-37 lost btribdoy) 34 Months Days Hours Min.	2323 E. Preston Street
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
M. Caralinia WHATCOUNTRY?	LINZY AlsTAN
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
UNEMPLOYED Labarer	Bettie Pearson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no ar unknown) (if yes, give wor or dotes of service) SECURITY NO.	Bettie White - 2323E- Proston St.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
Fatty	Metamorphosis of the Liver
LEADING TO DEATH	
(This does not mean the made of dylan, e.g., (A)IMMEDIATE (	CAUSE AS A CONSEQUENCE OF:
heart follure, osthento, etc. it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
many of compression which course de sale.	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
5	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED   21. AUTOPSY? (Yes or Na)
0 2	
22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY (e.g.,	tn ar about 22C. WHERE DID (If th Boltimore City, give exact location)
The second of th	e bldg., etc.) INJURY OCCUR?
2 (22D. TIME (Month) (Doy) (Year) (Hour) (22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23.	ORK U
1 certify that I held on Inquiry Inspection Au	topsy and that on this basis, deoth in my opinion
resulted fram: Natural couses Accident . Suicid	de Homicide Undetermined monner
1 12/1	CHIEF MEDICAL EXAMINER
ACTUAL / / / / / /	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SIGNATURE M.D	
	• · · · · · · · · · · · · · · · · · · ·
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER   2/20/72
NAME (Type)  24A, BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY	ASSOCIATE MEDICAL EXAMINER   2/20/72
NAME (Type)	ASSOCIATE MEDICAL EXAMINER   2/20/72
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  2-24-72  AME OF CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ASSOCIATE MEDICAL EXAMINER   2/20/72
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  2-24-72  AME OF CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stole)

2-28-1972 - Letter from - Office of the Chief Medical Examiner - Ronald N. Kornblum, M.D.
Assistant Medical Examiner
HRS

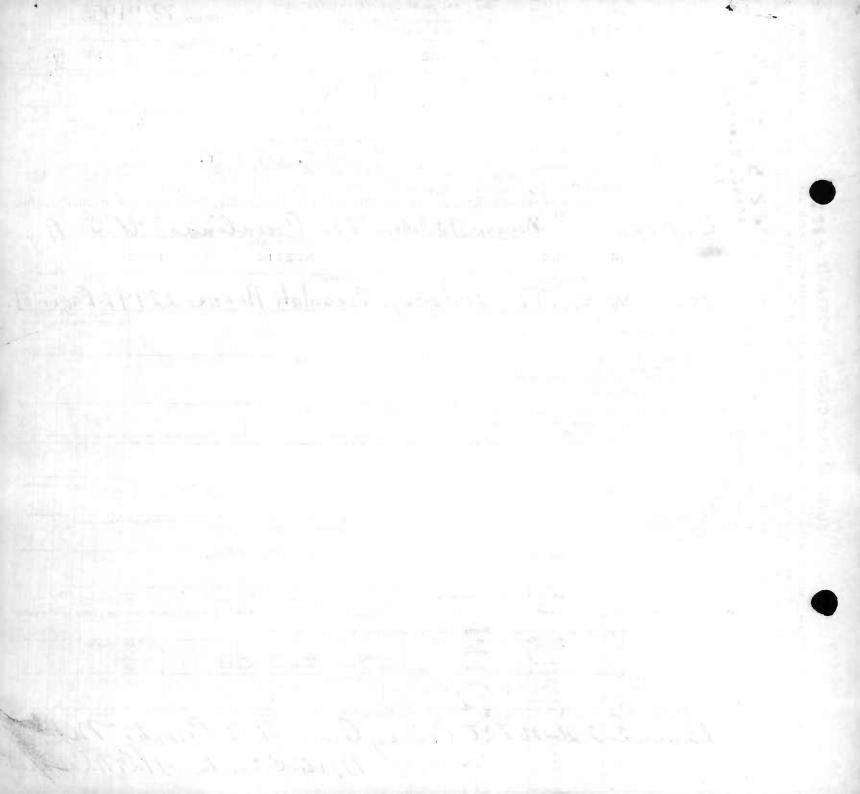
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Like Mary Weiles Little

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e or comment of the contract o

		BALTIMORE CITY	HEALTH DEPARTMENT	179	-01055
BIRTH NO. 7	2 01955	CERTIFICA	TE OF DEATH	REG. NO. 72	01333
Type or Print)	EDWA	RD HORNE	2. DATE AN	1 HOUR OF DEATH	6:44 RM
FULL NAME OF	TIMORE, MARYLAND, WHERE PR (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATIONI		A MARYLAND COUN	ΤΥ	on; residence before admission)
NSTITUTION	JOHNS HOPKINS	HOSPITAL	BALT IMORE  E. STREET AND NUMBER	D. INSIDE CI	
SEX	NEGRO WIDO		11 22 20	9. AGE (In years III to Mer	Under 1 Yr. If Under 24 Hrs. Hours Min.
Sone during most of UST 80	ME	gan State Cillege	1 10 0	alina	W. S. A
	RANK HORNE		NEZZIE	Die	G S
Yes, no or unknown	Ever in U. S. Anned Forces?  Of yes, give war or dates of sen	ical SECURITY NO. 243+2-5656	Beaulah 1	Horne-22	14 k. Egger St.
DISEASES (	aplication which caused death.)  ANTECEDENT CAUSES  OR CONDITIONS, if any, go above cause (A) stating  G CONDITION last.  Il  FICANT CONDITIONS CONTRIBUT  If BUT NOT RELATED TO THE TERMI	(c)	A CONSEQUENCE OF:	Can	
	OPERATION GIVEN IN PART 1 (A), OPERATION 19th CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
OR CONTRIBI	NT WAS UNDERLYINO UTINO CAUSE OF medical examined	21B PLACE OF INJURY 10.g., i home, farm, foctory, street, of etc.)	n or about 21C. WHERE DID	(if In Boltimore City	, give exoct location)
DEATH (notify)  210. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hous)	While At Not While Work At Work		URY OCCUR?	
that (1) (we	that (1) (this hospital) attended to the deceased alive d from the causes stated about	on Feet 2 6 4	YAM 19 7 2 and the riew the body after death.	23 &	deoth accurred on the dote
23C. PHYSICIA NAME I	1 1ch AELL	RARPF M. DEGREE	23D. ADDRESS  TOMPS	HOPKIWS	s Hosp.
Semoval	1Specify) 2-26-72	AC. NAME OF CEMETERY OF CR	y Com. a	.a. Cum	who or county) (State)
25A. DATE REC'E	FEB 24 1972 046	es E. Jaben K. E.	Metteric.	Chiten-11	297 Caulina
A 120-UP AS IN 11					



=	122 A AP	•	3	Па	DATE		36		D.		To	_
	MEDICAL	EXAMIN	VER'S	CE	RTIFI	CATE	OF	DEATH	REG. NO.	72	0195	56
		BALTIMO	KE CITY	HEAL	H DEPA	KIMENI						

1	72 01956 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 72 01950	
2-520	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 01956	
2-532	1. NAME OF DECEASED MAE (Type or Print)  Lassie Linsey AKA Lindsey    2. DATE   Month   Doy   Year   Hour   OF   DEATH   Estimoted   2   12   72   M.	
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  STULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  3. DATE Month Doy Yeor Hour PRONOUNCED DEAD  2 12 72 11:15 a	
	OR INSTITUTION  5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmission)  A. STATE  Md.	>
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?  female Negro WIDOWED DIVORCED Balto.	
	9. DATE OF BIRTH  Jan. 25, 1917	
	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY  FEAR / E Lindsay	
	14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME done during most of working life even if retired)  HOW SP Q11 Le	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO. 219-20-5222 MW-MALL HAMLER 1805 Bradlish 4	20
	19.4/2,2 I CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	7
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	se
	heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
	CC)	
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	
	UTING ☐ CAUSE OF DEATH.  ≥ 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK AT NOT WHILE THOUSE OF DEATH.  22F. HOW DID INJURY OCCUR?	
•	1 certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my apinian	
	resulted fram: Natural causes XX Accident Suicide Hamicide Undetermined manner	
	ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D.  ASSISTANT MEDICAL EXAMINER   2/13/72	
	NAME (Type)  24A. BURIAL CREMATION, City town, or county)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City town, or county) (Stole)  REMOVAL (Specify)  24C. NAME of CEMETERY or CREMATORY  121  121  121  121  121  121  121  1	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. BUNERAL DIRECTOR ADDRESS	
	FEB 24 1972 Robert E. Jaben R.D. Lasigh L. Miss 2232 W. Mark and	1

. Sin a Samuel Access the own librarial contact rectal transfer to the section of IMPORTANT

FUNERAL DIRECTOR:

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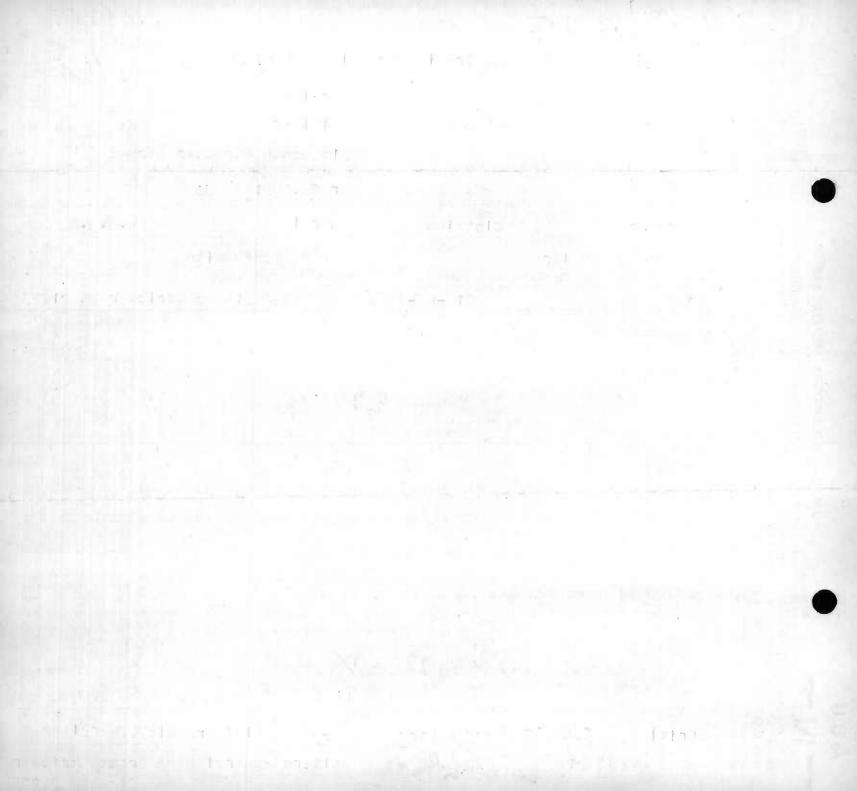
BALTIMORE CITY HEALTH DEPARTMENT

Maryland 21223 Streets

NO

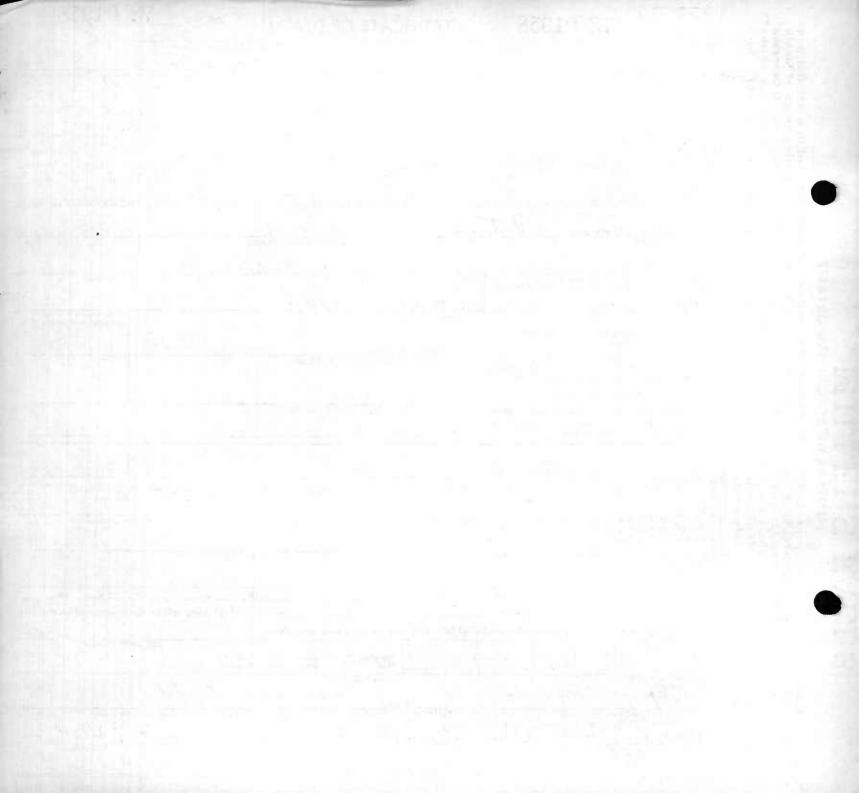
Hours

If Under 24 Hrs.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

M 1150	BALTIMORE CITY	HEALTH DEPARTMENT		72 01050
11-450 72 01958	CERTIFICA	TE OF DEATH	REG. NO	72 01958
I.NAME OF DECEASED				
(Type or Print)  MARGARET	MALONEY	2. DATE AN	2/22/7	2 9 15 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (Where	e deceosod li√ed. If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSMTAL OR INST ADDRESS OR LOCATION)	ITUTION, GIVE STREET	Maryland .	In IN	SIDE CITY LIMITS?
INSTITUTION		Baltimore		YES NO
Bon Secours Hospital		62 Gorman	n Ave.	
5. SEX 6. RACE 7. MADDIC	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
Female White WIDOWE	DIVORCED	10/09/02	ost birthday)	Months Days Hours Min.
done during most of working life, even if refired	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE  State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
Sales Woman Ru	trid	Maryland		U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	AE .	
Thomas E. Maloney		Annie Bana	han	
15. Wes Decoused Ever in U. S. Anned Forevel (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	217-40-1542	Chart		
18.4/2,41	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4.4944501477 C41	or Delfand m	yocardial a	sheepe 6 yrs.
(This does not mean the mode of dying, e., heart failure, asthenia, etc., it means the diseas	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	/	1
injury or complication which caused death.)	<b>6</b> ,			15.9
ANTECEDENT CAUSES	10 AS	evo.		2
DISEASES OR CONDITIONS, if any, givin		A CONSEQUENCE OF:		
underlying condition last,	(c) Pox	able pumori	a	1-1 wh
				2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3	onemia.		
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).			N AAR IS NOO MISSE	CARROLLINOS SOLVIOLUIS
19A DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20A AUTOPST? (Yes or No.	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	1B PLACE OF INJURY (e.g., ome, form, factory, street, a lc.)	in or about 21 C. WHERE DID INJURY OCCUR?	(If In Boltime	ore City, give exact location)
	L INJURY OCCURRED	215 HOW DID INJ	URY OCCUR?	
S WARROW!	While Al Work Not While At Work			
22. I certify that (1) (this hospital) attended	the deceased from	2-21-72	9to	2-22-12 19
that (I) (we) last saw the deceased alive or	2-21-72	19and the	ot in(my) (our) of	inion death occurred on the date
and haur and from the causes stated obave.	(i) (We) (dld) (dld not)	view the body ofter death.		
23A. SIGNATURE Y. Umgang for		anding Med.	Staff Phys.	23R DATE SIGNED 2-22-72
23C.PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	Phys.	
NAME ITYPE YUNYUNGYING		Bon Secon	is Korpita	
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (	City, town, or county) (State)
Burtal Feb 25/12 h	en Cothedral (	Pemeteris I	reduch !	In Baltond
25A. DATE REC'D BY HEALTH DEAT 268 NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	^	ADDRESS
	E Marbey M. B.	of Thomas & Ka	mny the	1600 Holling St.
VS 150-REV. 1/1/68 -	The state of the s	h 1	· //	

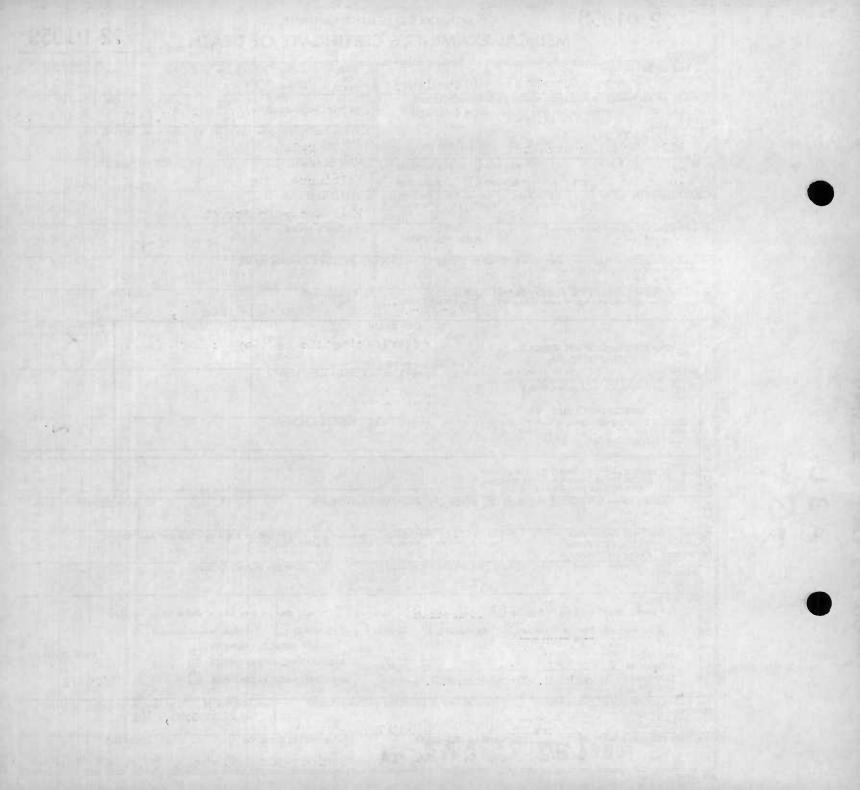


## BALTIMORE CITY HEALTH DEPARTMENT

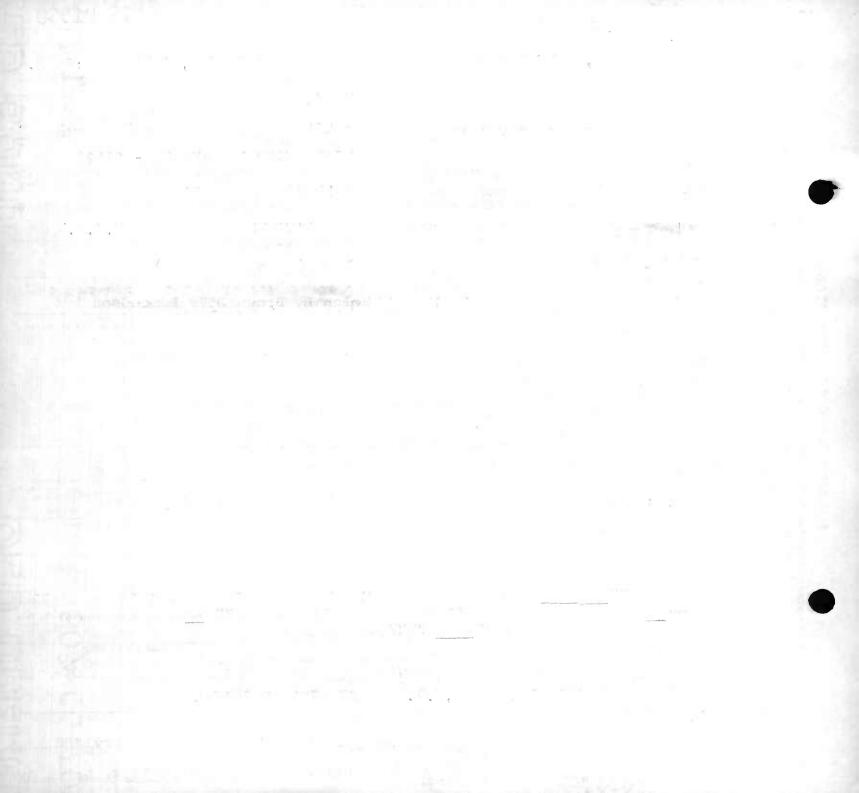
MEDICAL	FXAMINER'S	CERTIFICATE	OF DEATH

72	01	959
1 1	0	000

BIRT	H NO.							D L/ ( )	REG. NO.		
1. N	AME OF DEC					2. DATE	Known 🔲	Month	Doy	Yeor	Hour
fishe	В	USHIE	BRANN	ION	(Branhan)	DEATH	Estimated 🗌				м.
					ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HOSE	NAME OF	(IF NOT	IN HOSPITA	L OR INSTI	TUTION, GIVE STREET	PRONC	UNCED DEAD	Februar	ry 19,19	972	4:10 P.M.
ORIN	NOITUTITE						RESIDENCE (Whe			n: residence l	
0.0	1315 W	oodyear	Stree	t		A. STATE	Maryland		B. COUNTY	1	501
6. SE	Х	7. RACE		B. MARRI	ED NEVER MARRIED	C. CITY O			D. INSIDE C	TY LIMITS?	
Ma	ale	Negr	0	WIDOW		Balt:	more			Es 🗌	NO 🗆
9. DA	TE OF BIRTH		10. AGE (In	yeors	If Under 1 Yr. II Under 24 Hrs.	E. STREET	AND NUMBER		1	E3 🔲	NO LJ
			lost birthdoy	92	Months Doys Hours Min.	1315	Woodyear	Street			
11. BI	RTHPLACE (S	tote or foreign	n country)		2. CITIZEN OF	13. FATHE		521000			
	Virgin				WHAT COUNTRY?					2222	
14A.U	SUAL OCCU	PATION (Give	kind of work	48. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN NA	ME			
done	luring mast of	orking lile, eve	en il retired)						25	22	
16. W	AS DECEASI	ED EVER IN L	J.S. ARMED	FORCES	17. SOCIAL	18. INFOR	MANT			DDRESS	
	no or unknown)				225-20-737		s Estel	To Smi			
115	. / / / /	1/		-	CAUSE OF DEA		2 DateT	TE DILLT	oll, De		PROXIMATE INTERVAL
	412	141					. 4. 2		1.	BETW	EEN ONSET AND DEATH
		E OR CONDI		TLY	Arteri	osciero	tic cardi	.ovascu	lar dise	ease	
	4-4	of meon the i		ng. e.g.,	(A)IMMEDIATE	AS A CONSE	WENCE OF				·····
H	heart loilure,	osthenio, etc.	It meons the	diseose,	DUE 10, OK	AS A CONSE	QUENCE OF:				
				,							
		TECEDENT C			(B)						
	RISE TO THE	R CONDITIO	ISE (A) STAT	GIVING NG THE	DUE TO, OR	AS A CONS	QUENCE OF:				
2	UNDERLYIN	G CONDITIO	ON LAST.		(c)						
CERTIFICATION			11								· · · · · · · · · · · · · · · · · · ·
3	OTHER SIGN	IFICANT CON	DITIONS CO	NTRIBUTI	NG NAL						
臣	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).					******		
# 20	DA. DATE OF	OPERATION	208. CON	DITION F	OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
										no	
<b>V</b>  27	A. EXTERI	NAL CAUSE V		2 h	2B. PLACE OF INJURY (e.g., ome, farm, loctory, street, ollic	in or obout	22C. WHERE DID	(II In Boltimor	e City, give exc	et location)	
	JTING CA	USE OF DEAT				,					
	PE INJURY	Month) (De	oy) (Yeor)	(Hour)	22E. INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	IR?		
(	APPROX.)					WHILE ORK					
23			4	_	1						
	l certi	Ify that I he	old an In	quiry _	Inspection K Au	topsy	and that on	this basis,	death in my	apinion	
	result	ed from: No	turol cons	es 🔀	Accident _ Suicid	le 🔲 H	omicide 🗌		ed monner		
	4.671141	X	1.0	1,	1/1/		CHIEF MEDICAL	EXAMINER			DATE CICNED
	SIGNATU	JRE / L	41	11	Cu M.D	ASS	ISTANT MEDICAL	EXAMINER	X		DATE SIGNED
	EXAMINI	ER'S Ron	ald N.	Korn	blum, M.D.		CIATE MEDICAL	EXAMINER		2/2	20/72
	NAME (T	уре)									.0, , =
	BURIAL CREA QVAL (Specif		8. DATE		24C. NAME of CEMETERY	or CREMAT		LOCATION	(City, lown	, or county)	(Stote)
	Burial		2/25	/72	MT Aubur	1 Came	trv	Dartill	ore, M	id	
25 A.	DATE REC'D		EPT		ME OF REGISTRAR		FUNERAL DIRECT	OR	A	DDRESS	-
1	112.	FEB2	4 19/2	166	BE, Valber M. B	Δ	dolphus	Halat	004 70	06 17	IN
VS 15	1-REV. 1/1/68		PETE	1		10	dorbing.	nalst	eau Iz	06 W	orth A
	1-KE41 1/1/00				(iii) N		-				



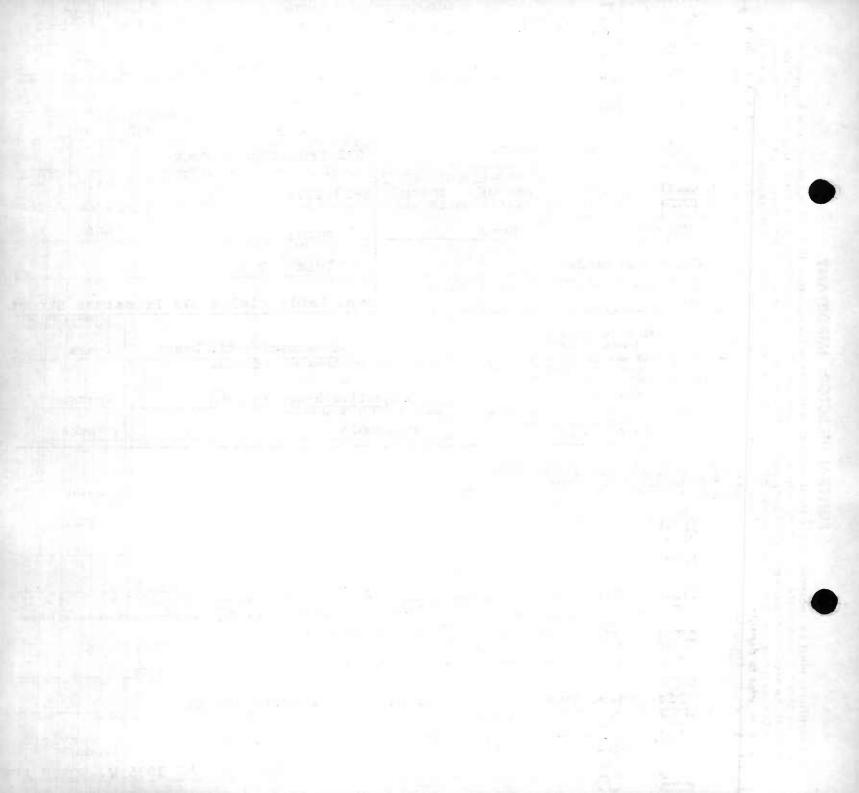
		00	BALTIMORE CIT	Y HEALTH DEPARTMENT	72 01000
BIRTH NO.	72 019	60	CERTIFICA	TE OF DEATH REG. NO	72 01960
I. NAME OF D	BROWN, SAMI	JEL ROBE	RT	FEBRUARY22,	
3. PLACE IN B.	ALTIMORE MARYLAND, Y	VHERE PRONOUN	CED OEAO	4. USUAL RESIDENCE (Where deceosed lived, II	
FULL NAME OF	OF (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTE	ON, GIVE STREET	MARYLAND	1605
NOITUTITZNI	CT ACI	UE C LLOCD	1 7 4 1	BALTIMORE	SIDE CITY LIMITS?
40	21 AG	VES HOSP	ITAL	E. STREET AND NUMBER	TES [A] NO [
10				2587 EDMONDSON AVENU	JE - 21223
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24
MALE	NE GR O	WIDOWED	DIVORCED	07 11 00   lost birthday 71	Months Doys Hours Mil
IOA, USUAL OC	CUPATION (Give kind of wor	IOB KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or (oreign country)	12. CITIZEN OF WHAT COUN
done during most	of working life, even if retired)			PENNSYLVANIA	
13. FATHER'S N	ager	RAKB	ER SHOP		U.S.A.
				14. MOTHER'S MAIDEN NAME	
	L BR OWN			CORA ( ?	)
15. Was Decease (Yes, no or unknow	ed Ever in U. S. Armed For wn)](I( yes, give war or dak	rces?	SOCIAL SECURITY NO.	17. INFORM ANT	ADDRESS
NO		2		Helen L. Brown 2578 E	dmondson Arre
18. / [	2 1		CAUSE OF DEAT		APPROXIMATE INTERV
DISE	ASE OR CONDITION DI	RECTLY			BETWEEN ONSET AND DE
5136	LEADING TO DEATH			JSE fisp, mby failur A CONSEQUENCE OF:	v 3 h.
(This does	nat mean the mode of a asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	***************************************
rise to	OR CONDITIONS, if the above cause (A) NG CONDITION last	any, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF	269
E TO THE DE	II  VIFICANT CONDITIONS CO  ATH BUT NOT RELATED TO TO  CONDITION GIVEN IN PAR	HE TERMINAL	000000000000000000000000000000000000000	Level failure	3 km
U ISA DATE C	OF OPERATION 198 CON	DITION FOR WHI	CH OPERATION		
E / UZ	10/2	agunous	W Colm	20A. AUTOPSYI (Yes of No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
U ZIA. ACCID	ENT WAS UNDERLYIND BUTTING CAUSE OF	accusus		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exect location)
OR CONTRIC	ENT WAS UNDERLYIND	21B. PL/ home, letc.)	OCE OF INJURY (e.g., inform, foctory, street, of	n or obout 21C, WHERE DID INJURY OCCUR?	AUSES OF DEATH?
OR CONTRIP	ENT WAS UNDERLYIND BUTING CAUSE OF	21B, PL/home, letc.) (Hourl 21E, IN.	OCE OF INJURY (e.g., inform, foctory, street, of	n or obout 21C, WHERE DID INJURY OCCUR?	AUSES OF DEATH?
OR CONTRI DEATH (not) 21D-TIME OF INJURY (APPROX.)	ENT WAS UNDERLYING BUTING CAUSE OF Ify medical examinen  (Month) (Doyl (Year)	218, PL/home, 1 etc.) (Hour 218, IN. While Work	ACE OF INJURY (e.g., inform, foctory, street, of	n or obout 21 C. WHERE DID (II In Boltime bldg., INJURY OCCUR?	AUSES OF DEATH?
OR CONTRIDENT (not)  21 D. TIME OF INJURY (APPROX.)  22. I certif	ENT WAS UNDERLYING EUTING CAUSE OF (fy medical examines)  (Month) (Doyl (Year)  fy that () (this hospital	218, PL/home, i etc.) (Hour 21E IN. While work	JURY OCCURRED  Not White  At Cased from	n or obout 21 C. WHERE DID (II In Boltime fice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	AUSES OF DEATH?  Cre City, give exact location)
OR CONTRIDEATH (not)  21D. TIME OF INJURY (APPROX.)  22. 1 certiff thor//// (we	ENT WAS UNDERLYING EUTING CAUSE OF ify medical examiner (Month) (Dayl (Year) ty that (Month) (this hospital e) last sow the decease	218, PL/home, letc.) (Hous 21E, IN. While Work  2) attended the cod clive an	JURY OCCURRED  At Not White-At Work  Acceased from	IN CERTIFYING CAN DID	AUSES OF DEATH?  Ore City, give exact location)
OR CONTRIDEATH (not)  21D. TIME OF INJURY (APPROX.)  22. 1 certiff thor//// (we	ENT WAS UNDERLYING EUTING CAUSE OF ify medical examiner (Month) (Dayl (Year) ty that (Month) (this hospital e) last sow the decease	218, PL/home, letc.) (Hous 21E, IN. While Work  2) attended the cod clive an	JURY OCCURRED  At Not White-At Work  Acceased from	n or obout 21 C. WHERE DID (II In Boltime fice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	AUSES OF DEATH?  Ore City, give exact location)
OR CONTRIDEATH (not)  21D. TIME OF INJURY (APPROX.)  22. 1 certiff thor//// (we	ent WAS UNDERLYING BUTING CAUSE OF Ify medical examinen  (Month) (Doyl (Year)  fy that (N) (this hospital e) last sow the decease and from the causes state	218, PL/home, letc.) (Hous 21E, IN. While Work  2) attended the cod clive an	JURY OCCURRED  At Not White At Work  Acceased from 02 22	n or obout 21C. WHERE DID (II In Boltimo Fice bldg., IN JURY OCCUR?  21F. HOW DID INJURY OCCUR?  01 20 19 72 ta	AUSES OF DEATH?  Ore City, give exact location)
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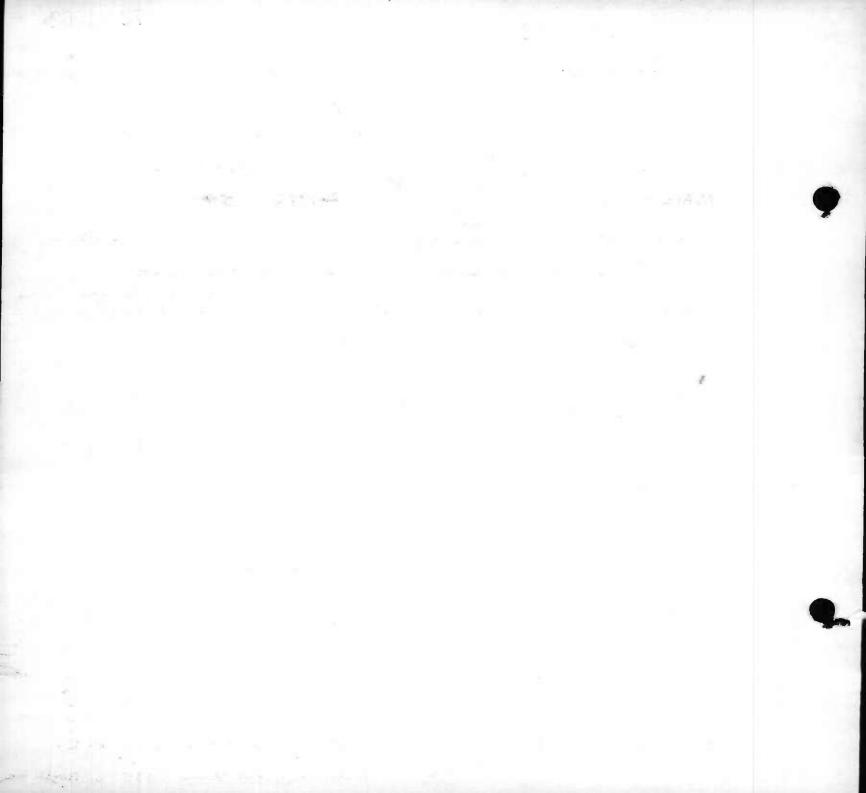
the body

BIRTH NO. 72 019	104		HEALTH DEPARTMEN		9. NO.	72 01961
LAIAMA OF BEARING	CERT	IFICA	TE OF DEATH	1		1.0 0 2 0 0 2
I.NAME OF DECEASED  (Type or Print) Eliza Field:	S			AND HOUR O		2 P
3. PLACE IN BALTIMORE, MARYLAND,			L'EL	ruary ]	19, 197	tion: residence before admission)
	TAL OR INSTITUTION, GIVE S	TREET	Maryland	UNTY	aveu, it institu	1403
INSTITUTION ADDRESS OF FOC	AIIONI		C. CITY OR TOWN		D. INSIDE	CITY LIMITS?
20			Baltimore		YI	s 🛛 NO 🗌
573 Presstman	Street		573 Presst		eet	
SEX 6. RACE	7- MARRIED NEVER MAI	RRIED	8. DATE OF BIRTH	9. AGE (In	yeors II	Under 1 Yr. If Under 24 His.
Female Negro	WIDOWED DIVO		5-13-1878	93		unins Doys Hours Min,
DA, USUAL OCCUPATION (Give kind of wor	108 KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State at		1	2. CITIZEN OF WHAT COUNTRY
Housewife			*74			USA
3 FATHER'S NAME	Home		Virginia 14. MOTHER'S MAIDEN	NAME		0021
James Alexander						
	rces?   1 6. SOCIAL		Elvia 17. INFORMANT	?		222222
Wos Deceased Ever in U. S. Armed Fe es, ne or unknown) (If yes, give war or dat	es of service) SECURITY			L. A.Z.		ADDRESS
No				Fields	573 Pr	esstman Stree
18.4/2.31	CAUSE	OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DE				1-2		
LEADING TO DEATH	(A) IMME	EDIATE CAUS	Arteriosclerotic Heart			Years
DISEASES OR CONDITIONS, if	any, giving DUE	To, or AS	stive Heart A CONSEQUENCE OF:	Fallure	***************************************	Years
UNDERLYING CONDITION last.	(c)	Pheum	ionia			Weeks
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO T	THE TERMINAL					
CIDISEASE OR CONDITION GIVEN IN PAR	IDITION FOR WHICH OPERAT	ION	20A. AUTOPSYT (Yes or	Nol 208 IF YE	e Wros sinis	
DISEASE OR CONDITION GIVEN IN PAI 19A-DATE OF OPERATION 19B. CON WAS PER	RFORMED			IN CERTIF	TING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING TICALISE OF		URY (e.g., in , street, offi	or about 21 C. WHERE DIE	IN CERTIF	TING CAUSES	ings considered of Death?
OR CONTRIBUTINO CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJ home, form, foctory, etc.) (Houd 21E INJURY OCCU	, street, offi	or about 21 C. WHERE DIE	IN CERTIF	in Baltimore Cit	OF DEATH?
OR CONTRIBUTINO CAUSE OF DEATH (natify medical examine)  21D-TIME (Month) (Dayl (Year) OF INJURY (APPROX.)	21B PLACE OF INJ home, farm, factory, etc.)  (Houd) 21E INJURY OCCU While At  Work	JRRED Not While At Wark	or about 21 C. WHERE DIG ice bldg. INJURY OCCUR	IN CERTIF	in Baltimore Cit	OF DEATH?
OR CONTRIBUTINO CAUSE OF DEATH (natify medical examiner)  21D.TIME (Month) (Dayl (Year) OF INJURY (APPROX.)	21B PLACE OF INJ home, farm, factory, etc.)  (Houd) 21E INJURY OCCU While At  Work	JRRED Not While At Wark	or about 21 C. WHERE DIG ice bldg. INJURY OCCUR	IN CERTIF	in Baltimore Cit	OF DEATH?
OR CONTRIBUTINO CAUSE OF CAUSE	21B. PLACE OF INJ home, form, foctory, etc.)  (Hour) 21E. INJURY OCCU While At Work  I) attended the deceased form.	JRRED Not While At Wark	or about 21C, WHERE DIG ice bldg, INJURY OCCUR	IN CERTIF	in Baltimore Cit	Feb 19 22
OR CONTRIBUTINO CAUSE OF DEATH (naify medical examine)  21D.TIME (Month) (Dayl (Year) OF INJURY (APPROX.)  22. I certify that () (this hospito that (i) (we) lost saw the decease	21B PLACE OF INJ home, farm, factory, etc.)  (Hous) 21E INJURY OCCU While At Work  I) attended the deceased fined olive an	JRRED Not While At Wark	216. HOW DID	IN CERTIF	in Baltimore Cit	Feb 19 22
OR CONTRIBUTINO CAUSE OF DEATH (natify medical examine)  210.TIME (Month) (Dayl (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospito	21B PLACE OF INJ home, farm, factory, etc.)  (Hous) 21E INJURY OCCU While At Work  I) attended the deceased fined olive an	JRRED Not While At Wark	216. HOW DID	IN CERTIF	in Baltimore Cit	y, give exact location)  Feb. 19 22  I death occurred an the date
OR CONTRIBUTINO CAUSE OF DEATH (naify medical examine)  210-TIME (Month) (Dayl (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospito that (I) (we) lost saw the decease and hour opd from the causes sto 23A_SIGNATURE	21B PLACE OF INJ home, form, foctory, etc.]  (Houd 21E INJURY OCCU While At  Work  I) attended the deceased form ed olive an  oted obove. (I) (We) (did) (did)	JRRED Not White At Wark frame	21F. HOW DID  21F. HOW DID  19  20 ond  21 when a deal	INJURY OCCUP	in Baltimore Cit	OF DEATH?
OR CONTRIBUTINO CAUSE OF DEATH (natify medical examiner)  210. TIME (Month) (Dayl (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospito that (I) we) lost saw the decease and hour and from the causes sto 23A_SIGNATURE  23C_PRTSICIAN'S NAME (Typel	21B. PLACE OF INJ home, form, foctory, etc.)  (Hous)  21E. INJURY OCCU While At Work  I) attended the deceased form et olive an	JRRED Not While At Wark  rama  fild not) vi  Atten Phys. 2:	216. HOW DID  216. HOW DID  217. HOW DID  218. HOW DID  219. Ond  218. HOW DID  30. ADDRESS	IN CERTIFICATION (If	In Baltimore Cit	y, give exact location)  Feb. 19 22  I death occurred an the date
DISEASE OR CONDITION GIVEN IN PAI  19A-DATE OF OPERATION 19E. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (natify medical examine)  21D. TIME (Month) (Dayl (Year) OF INJURY (APPROX.)  22. I certify that () (this hospito that (i) (we) lost saw the decease and hour opd from the causes sto 23A_SIGNATURE  23C. PRINTICIAN'S NAME (Typel Richard F. Tyse	21B PLACE OF INJ home, form, foctory, etc.)  (Hour 21E INJURY OCCU While At Work  I) attended the deceased form et olove. (I) (We) (did) (did)  The control of the control	JRRED Not While At Wark  ram  Atten Phys.  DEGREE	21f. HOW DID  30 ADDRESS  920 W. Nor	in Certification (if in	in Baltimore Cit	y, give exact location)  Feb. 19 72 I death occurred an the date  DATE SIGNED  2 -2 - 7 - 7 - 7
OR CONTRIBUTINO CAUSE OF DEATH (natify medical examine)  210-TIME (Month) (Dayl (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospito that (I) we) lost saw the decease and hour and from the causes sto 23A_SIGNATURE  23C.PRTSICIAN'S NAME (Typel	21B. PLACE OF INJ home, form, foctory, etc.)  (Hour) 21E. INJURY OCCU While At Work  I) attended the deceased field olive an attended the deceased form of the doore. (I) (We) (did)	JRRED Not White At Work  fram  Jild not) vi  Atten Phys.  DECREE	21 F. HOW DID  21 F. HOW DID  21 F. HOW DID  21 F. HOW DID  30 ADDRESS  920 W. NOT	IN CERTIFICATION (If	in Baltimore Cit	y, give exact location)  Feb. 19 22  I death occurred an the date

72 Mt. Auburn Cemetery
25th Name of REGISTRAR
25C. FUR
NUT 25A. DATE REC'D BY HEALTH DEPT. FEB 24 1872 NUTTER FUNERAL HOME 3035 VS 150-REV. 1/1/68

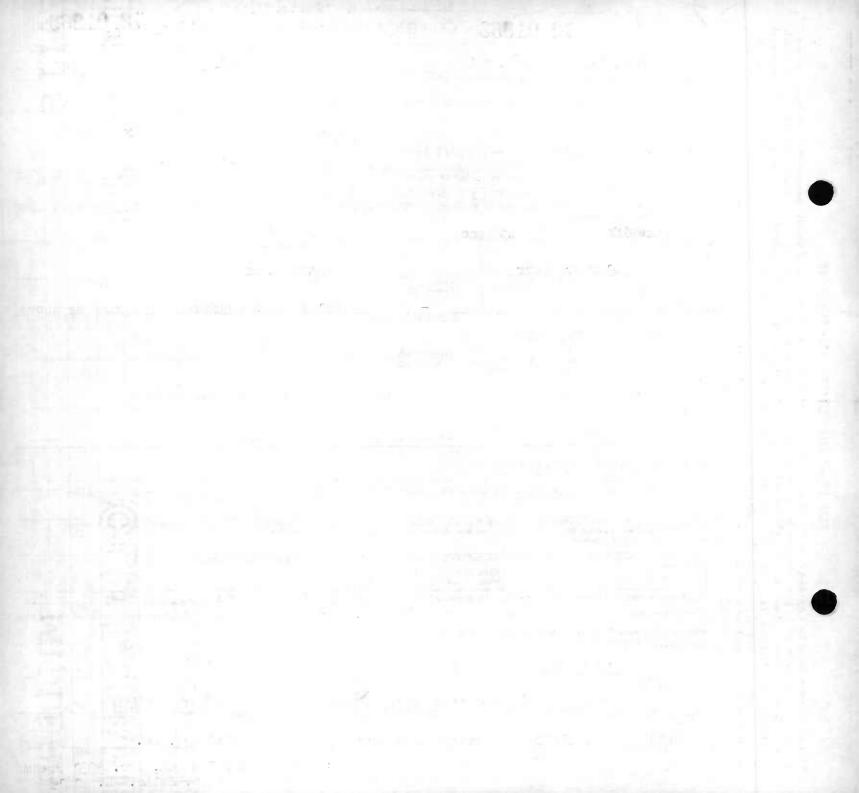


VS 150-REV. 1/1/68

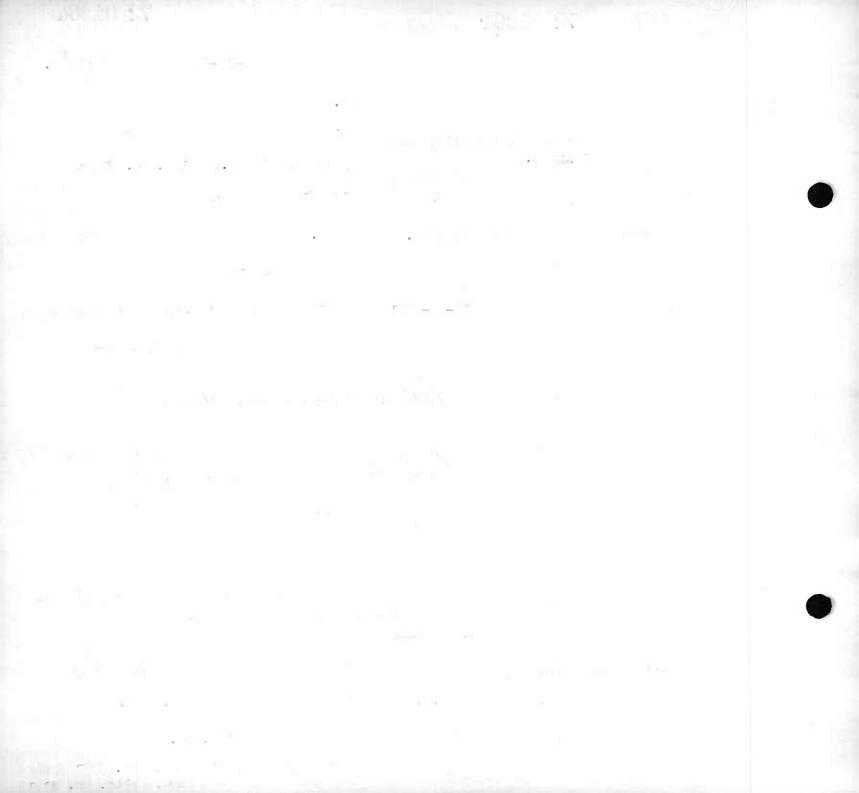


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	BALTIMORE CITY	HEALTH DEPARTMENT	21213	MO DAMES
BIRTH NO. 72 01	963 CERTIFICA	TE OF DEATH	69 REG. NO	72 01963
1. NAME OF DECEASED (Typo or Print) MAREL TO	BEN		D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before admission)
	INSTITUTION, GIVE STREET	M.D.		2643
INSTITUTION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
Š		E. STREET AND NUMBER		YES X NO
MARYLAND GEN.		3806 SIN	ICLAIR L	Α
	ARRIED NEVER MARRIED		9. AGE (In years lost birthday)	Months: Doys Hours Min.
	OWED DIVORCED	12-28-03	68	
OA, USUAL OCCUPATION (Give kind of work 108, K fone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	at home	MARINANI	/)	TICLA
3. FATHER'S NAME	at nome	14 MOTHER'S MAIDEN NAM	AE	USA
Clarence Kerr	11/ 2222	Fenton Stone	e	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (if yes, give war or dates of so	ervice) 1 6 SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	н —	Wesley Toben	(husband)	same as above
18. 183.01	CAUSE OF DEAT	Н	11.4000414	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	r	1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ice Ca I the	Ovarior	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the di	Police DISE TO OD AC	A CONSEQUENCE OF		
injury or complication which coused death,		,	. 1	
ANTECEDENT CAUSES	WI	ahannilad	haltanta	4.
DISEASES OR CONDITIONS, if any,	(8) DUE TO OR AS	A CONSEQUENCE OF:	1000 100 100	1800
rise to the above couse (A) stalin	g the	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)	6, Ascrites	*****	
- 11			***	
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
E ITO THE DEATH BUT NOT RELATED TO THE TERM E IDISEASE OR CONDITION GIVEN IN PART 1 (A).	•			
19A DATE OF OPERATION 19B CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSYZ (Yes or No)	208, IF TES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B PLACE OF INJURT (e.g.,	n or obout 21 C. WHERE DID	(if In Robins	ro City, give exoct location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	pt to bounto	To City, give exect locotion)
U				
OF INJURY (Month) (Doy) (Teor) (Hou		21F. HOW DID INJU	IRT OCCUR?	
(APPROX)	While At Not While Not Work	° 🗆		
22. I certify that (I) (this hospital) atter	nded the derested from	2-13-7	9 7210	2-19 10 7.
	0 10	_		2-19 19-72
that (I) (we) last sow the deceased aliv			t tn(my) (our) opl	nion deoth accurred on the dote
ond hour and fram the causes stated ab	ave. (1) (We) (dtd) (did not) v	tew the bady after death.		
23A. SIGNATURE				238. DATE SIGNED
1 Slower	// / / Dh.	nding Med.	Staff Phys.	2-19-22
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	.,,,,	
NAME (lype)			0 5 4	11-0
I WAD A	Dritnin In	1 1 1 1 1 1 1 1 1 1 1 1		
AA. BURIAL CREAMATION 1940 DATE	BELTRAN HOLDER	MARYLAND	6 FN.	HOSPIJAL
REMOVAL (Specify) 248. DATE	BELTRAN HOLOHER	MATORY 24D. LO	G F/U,	ily, town, or county) (Store)
REMOVAL (Specify)				
BURIAL 2/23/72	Parkwood Cemete AME of REGISTRAR	25C. FUNERAL DIRECTOR	Baltimore,	Md.
BURIAL 2/23/72	Parkwood Cemete	25C. FUNERAL DIRECTOR	Baltimore,	Md.
BURIAL 2/23/72	Parkwood Cemete	25C. FUNERAL DIRECTOR	Baltimore, uneral Home	Md.



B	3-354	5 72	01964		HEALTH DEPARTMENT	REG. NO	72 01964		
1,1	NAME OF DECE	MARIE S	TETNER		2. DATE	AND HOUR OF DEATH			
3.	PLACE IN RAITI	MORE MARYLAND, V			He district and the first	2-19-72	7;15 A. N		
FL	JLL NAME OF OSPITAL OR STITUTION			TION, GIVE STREET	A STATE B. CO  Md.  C. CITY OR TOWN	UNIY	institution: residence before admission		
1	SHI D HON				S. Hold Circulation				
	90	House in Belair F		Mursing Home	E. STREET AND NUMBER		YES X NO		
5.	SEX 6	RACE	7. MADDIED	NEVER MARRIED 🔀	8. DATE OF BIRTH	9. AGE (In years	o. Md. 27 206		
	F	W	WIDOWED	DIVORCED	1/25/14	last birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.		
10/	LUSUAL OCCU	ATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or f	preign country!	12. CITIZEN OF WHAT COUNTRY		
do	ne during most of Wo	orking lile, even it relired)				or and a contract of	The contract of what cooking		
13.	Inspect	or	Hmer son	Drug Co.	Md.		USA		
	TAINER 3 HAM	L			14. MOTHER'S MAIDEN N	AME			
		Frank Stein	er		Marie Kr	enel a			
15. (Ye	Was Deceased Es, no or unknown)	ver in U. S. Armed For If yes, give wor ar dole	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	-pora	ADDRES\$		
	no			21 3-09-5571	7 4 7 7 4 10		`		
_	18. 4/ 2 7	9211711	V	CAUSE OF DEAT	Lilliam Kar	nsom (sister	Same as above		
ATION	DISEASES OR rise to the UNDERLYING	ication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.  ANT CONDITIONS COI BUT NOT RELATED TO THE	any, giving stating the	(c)	linke Circhorss A CONSEQUENCE OF: Vertesting for bus thicker; Samel Dec	or comen. Port	in the familiary		
RTIFIC	19A-DATE OF O	PERATION 198 CON	ORMED	HICH OPERATION	20A-AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
CAL C	21A. ACCIDENT OR CONTRIBUTE DEATH (natify m	WAS UNDERLYING NG CAUSE OF ledical examined	21 B. 8 hame etc.)	LACE OF INJURY (e.g., in farm, factory, street, af	or obout 21 C. WHERE DID	(If in Boltime	ore City, give exoct location)		
MEDI	21D. TIME (I OF INJURY (APPROX.)	Month) (Doy) (Yeor)	(Haud 21 & 1 While Wark		21F. HOW DID II	NJURY OCCUR?	, .		
		at (I) (this hospital		deceased fram	112/ 2-	19 7/ to	2//1/1922 Inion death occurred on the dote		
				(Wa) (did) (did-mai) n	lew the bady after death	inat intmy/ touty op	and death occurred on the date		
	23A. SIGNATURE			(may (ana) (ana mar) (	tow the bady diter death		23B, DATE SIGNED		
	(ill	-RR	.1		nding Med.	Staff Phys.	2/16/2		
	23C. PHYSICIAN NAME (Type	ALBERT B	DDADTI	1	3D. ADDRESS		2/1/1/2		
244	Bunial Corre			DEGREE		KUAD BALTO	., MD. 21206		
Z-PA	BURIAL CREMA	2/22/7		hemian Nation		Balto. Md.	ity, town, or countyl (State)		
25A	DATE REC'D B		25B. NAME OF		25C. FUNERAL DIRECTO		ADDRESS		
VS	FEB 2.4 150-REV. 1/1/68	1972 200	E Jalle	1000 1000 1000	Schimunek	Funeral Home	es, Inc. 3331 Brehms		



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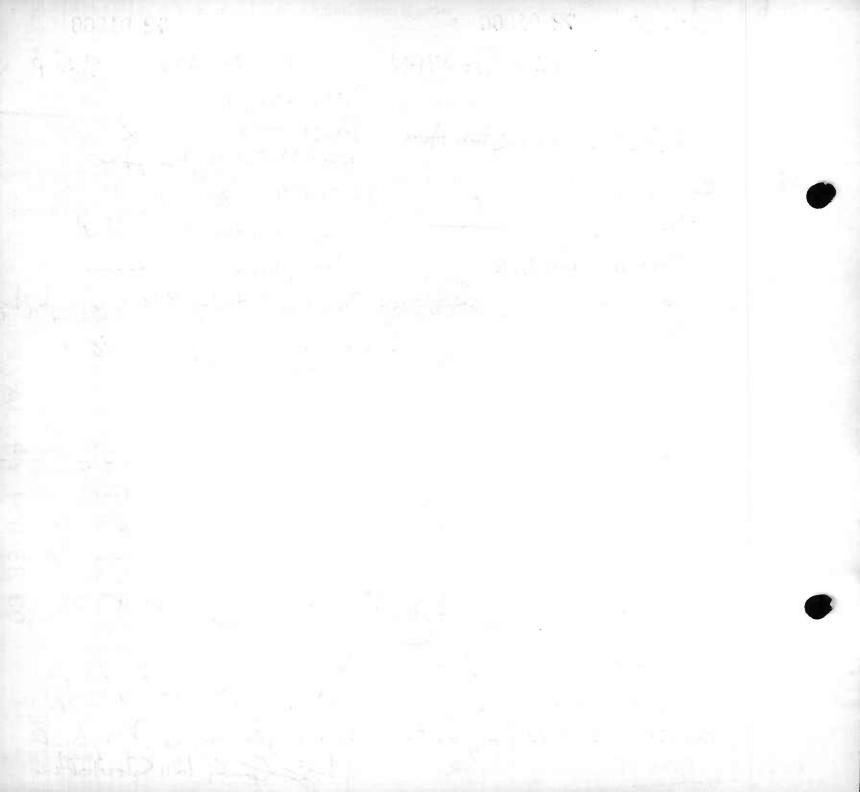
			BALTIMORE CIT	TY HEALTH DE	PARTMENT					
1-526	5	72 01	965 CERTIFICA	ATE OF	DEATH	REG. N	10	72 01	965	,
NAME OF DEC	FASED	12 U.L.	000			D HOUR OF I	DEATH			
Type or Print)		JOHN TA	MMSAAR			. 20.		1.1/	2.55	p. N
3. PLACE IN BAL	TIMORE, MAR		ONOUNCED DEAD	4. USUAL R	ESIDENCE (Where	e deceased live				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION				d. 2121			21	04	3	
			11	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
				B	altimor	е	1	YES	NO 🗌	
4008 Erdman Avenue			E. STREET A	ND NUMBER					-21	
				4	008 Erdi	man Ave	enue			TO.
• SEX	6. RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In year last birthday)	rs	If Under 1 Yr.	If Und	ler 24 Hrs.
male	whi	te wido	WED DIVORCED	Sept	.30,191	9 52				
OA, USUAL OCCU			D OF BUSINESS OR INDUSTR	RY 11. BIRTHPLA	CE (State ar farei	gn country)		12, CITIZEN O	FWHAT	COUNTRY
Presser		Oa	kloom Clothes	ES:	tonia			U.S.	Δ	
FATHER'S NA	ΛE				S MAIDEN NAM	ΛE		0.5		
	unkn	own			unkno	wn				
. Was Deceased	Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMA	NT		130	ADD	RESS	
no or unknown	ill yes, give	war ar dates of serv	215-22-8137	Paul	ine Fosl	hia Tan	omeas	r wife	ah	200
18. 2 0 5	- / 1		CAUSE OF DEA		2110 1 001	TLA TAI	mode		ROXIMATE I	
heart failure, injury ar cam  DISEASES Consents to the	osthenia, etc. plicatian which ANTECEDENT OR CONDITIO	ONS, if ony, g	(B)	s a consequen	Lucken	nilory				
TO THE DEAT	H BUT NOTRE	TIONS CONTRIBUT LATED TO THE TERMI VEN IN PART 1 (A).								****
19A. DATE OF	OPERATION	19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUT	OPSY? (Yes ar No	IN CERTIFY!	WERE FIN	DINGS CON	SIDERED 1?	
	TING CAU	SE OF	21 B. PLACE OF INJURY (e.g. hame, farm, factory, street, etc.)	in ar about 21C affice bldg., INJ	WHERE DID	(If in )	3oltimore (	City, give exoc	locotion)	
21 D. TIME OF INJURY	(Manth) (Da	y) (Year) (Haur)	21E. INJURY OCCURRED	21F.	HOW DID INJ	URY OCCUR?				
(APPROX.)			White At Not WI	hile 🔲						
22. I certify	that (1) (this	hospital) attend	led the deceased fram	8	1	1970 ta		2/2	0 1	972
		deceased olive	2 /	11 19.72		at in(my) (or	ur) opini	on death acc	urred ar	n the dot
and hour and	from the ca	uses stated aba	ve. (1) (We) ( <del>did</del> ) (did nat)	view the bod	y after death.					
23A. SIGNATU	RE	1					2	38. DATE SIG	NED	7 - 1
5	. C. K	Laury	MID. DEGREE PI	ttending hys.	Director 🗀	Staff Phys.		2/2	-1/7	~
23C. PHYSICIA NAME (T	L. 2	Chalden	0 11 11	23D. ADDRESS						

Joseph's Hospital 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) (State) th Baltimore, Md.

25C. FUNERAL DIRECTOR
Schimunek Funeral Home,
3331 Brehms Lane 2/23/72 2 Gardens of Faith
25B. NAME OF REGISTRAR
25C BY HEALTH DEPT. ADDRESS Inc. VS 150-REV. 1/1/6B

A CANADA TO THE TANK OF THE CANADA The state of the s SE CIOL OL . 100 

P	B-215 72 01966 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 019	66
100	T. NAME OF DECEASED MORY BEJVAN 2. DATE, AND HOUR OF DEATH TES, 20. 1972	7:20 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence institution of the street of the	e before odmission)
	00843 N. Collington Ave C. SHY OR TOWN D. INSIDE CITY LIMITS?  E. STREET AND NUMBER SHIPS D.  E. STREET SHIPS D.  E. STR	ио 🗌
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in Pois Winder 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	tomanaker Czechoslovakia US	WHAT COUNTRY?
115	Vaclar Porhek Josephine	
(4)	118.// 13 June 118 / 18 18 18 18 18 18 18 18 18 18 18 18 18	llugateda
		OXIMATE O TERVAL N ONSET AND DEATH
	injury or complication which coused doath.)  ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving nise in the above cause (A) staling the UNDERLYING CONDITION last.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)	
CATION	Ther significant conditions contributing to the terminal disease or condition given in part 1 (a).	7
CERTIFI	1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSI IN CERTIFYING CAUSES OF DEATH?  214. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidge, INJURY OCCUR?  (I in Boltimara City, pive exact 1995)	
EDICAL	21D-TIME (Month) (Doy) (Year) (Hour) 21E (NULPY OCCUPATE)	ocotion)
W	While At Not While At Work  22. 1 carelfy the (1) lehie hearted and delivery at Work	
	that (1) (we) last saw the deceased alive an	rred an the date
	23A. SIGNATURE  Attending Amed. Stoff 23B. DATE SIGNI  Phys. Director Stoff 22B. DATE SIGNI	2 - 77 -
24/	23G. PHYSICIAN'S NAME (Gype)  24G. P	31
1=	BURIA 2-24-72 Hoy Redeemen and my Baltoner, Many	less (Stotel
	FEB24 1972 Const & Salvery 12, 3	alfu.



Suppeper National Cemetery Cul

25C. FUNERAL DIRECT

Patterson &

Va

teb. 18.

ME OF REGISTRAR

25A DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

3/14/69 In instutions a number of xears. . with the control of 
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

a hospital and

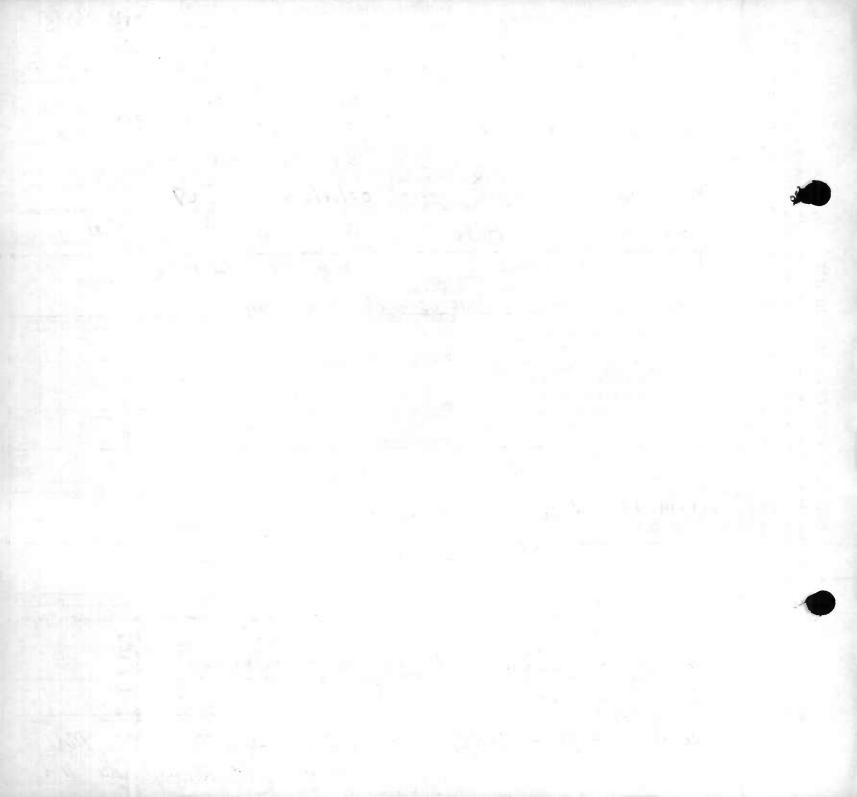
	7 .100	BALTIMORE CITY	HEALTH DEPARTMENT		MO 6	
11-	72 01968	CERTIFICA	TE OF DEATH	REG. NO	72 01	1968
	Pe or Printi	RGUSON		AND HOUR OF DEATH	3/4-3	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE IN		astitution; residence befo	M.
FL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OF LOCATION)		Bulf non	e promp	and	5300
IIN.	Toky Hepkens Hop	Hol	Bowley:s Quar		YES NO	KX.
-	33 /		Box 535	- Rf. A/	Bay Drive	
36	6. RACE WIDOWED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/23/08	9. AGE (In years lost birthday)	If Under 1 Yr. If t Months Days Hou	Under 24 Hrs. rs Min.
10/	USUAL OCCUPATION (Give kind of work 108, KIND OF BL	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole of lo	reign country)	12. CITIZEN OF WHA	AT COUNTRY?
	retired bumb	le	California		USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
	John Gall		Mary A. Fergu	lson		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT	535	ADDRESS	21220
	No	217-26-9583	Mrs. Emily M.		Drive Balto	o. Md.
	18.200,01	CAUSE OF DEATH	1			TE INTERVAL ET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1//	XI Tolere	r ned		-
	This does not mean the mode of dving, e.g.	(A) IMMEDIATE CAN	CONSEQUENCE OF:	Well-1	Jhu	
	heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	1 1	0			
	ANTECEDENT CAUSES	Ketic	van cell	Carcinon	B. Conk	www.
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the above cause (A) stoting the UNDERLYING CONDITION lost.	10 red 1/e	efol care	noma	lun	asswel
	II .	(0)	1 - :	******************************		#
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Leet	cenno x	1540		
ERTIFIC.	19A. DATE OF OPERATION 19B. CONDITION FOR WHI		NO	10) 208. IF YES, WERE F	FINDINGS CONSIDERED	D
AL CE		ACE OF INDURY (e.g., in form, loctory, street, off	or about 21 C. WHERE DID	(If in Baltimare	e City, give exact lacation	on)
EDIC	21 D. TIME (Month) (Day) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID IN	Illex Occins		
W.	OF INJURY (APPROX) While	AI Not While				
	22. I certify that M (this hospital) attended the	At Work	- Keds	319 72 10		
	that (i) (we) lost saw the deceased alive an	El 23	19 72 ond t	hat In ( (our) opin	nion deoth occurred	on the dote
	and hour and fram the causes stated obave. 🐠 (Y	(e) (did) (数数编数 vi	ew the body ofter death.			
	23A. SIGNAEURE	5. 7 of 1 Aug.	oding Med.		23 B. DATE SIGNED	
	23C. PHYSICIAN'S	Phys.	Director L	Shaff Phys.	2/23/2	2
	NAME (Type)		3D. ADDRESS	- 1- 1	11.110	
244	Randolph M. Howe	DEGREE	I shar Ho	There It	o peful	
1	REINTO V AL TSPECTIVI	of CEMETERY of CREA			y lown, or county)	(State)
254		ns Of Faith			Balto.	Md.
	FEB 24 1972 Value 1 258 NAME OF THE PER STATE OF THE PER		Lassahn Fund	eral Home 740	ADDRESS 1 Belair Rd	21270
VS	150-REV. 1/1/68					

AND DESCRIPTION OF STATE OF ST

Part 1. Insulant 1. The Part 1

This certificate must be approved by the chief medical examiner ar his assistant if death exturred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed ar final disposition is made.

1-162 72 01000	BALTIMORE CITY	HEALTH DEPARTMENT	72 04000
D-/62 72 01969	CERTIFICA	TE OF DEATH X REG.	No. 72 01969
1. NAME OF DECEASED			•
(Type or Print) HERBERT /	DEURIES	Foh 19 19	77 11/5 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE IWhere deceased liv	ed. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU		MD. B. COUNTY	to 5300
INSTITUTION MA THE MAN AND A MACH		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
UNION MEMORIAL HOSP	MAL	GLYNDON	YES NO
44		E. STREET AND NUMBER 36 BUTLER	RD
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in yet	ors If Under 1 Yr., if Under 24 Hrs. Months: Doys Hours Min.
(M) WIDOWED [		02/06/03 lost birthdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF		11. BIRTHPLACE (State or lereign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	1	.00 0	12 SA
DAIESMAN AU	to	Maryland	034
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HERBERT DEVRIES		MAUDE SCI	9-CV
	6. SOCIAL	17. INFORMANT	ADDRESS
	SECURITY NO.	11050-50	
	215.05-4870	HOSPITAL CHART	
18. 2001/1	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	essi	5 1200
	(A) IMMEDIATE CAU		2 21/3
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caused death.)	0	. 113	7 - 1
ANTECEDENT CAUSES	1 rem	nous and	3 days
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) LE	icopenia - dave	induced 7 days
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1.120/0	sarcoma	month
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	JAMPEO	J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
19A. DATE OF OPERATION 198 CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WINDS PERFORMED  1-14-72  21A. ACCIDENT WAS UNDERLYING 1 121B. P.	OBSTRUCTIO	N Yes IN CERTIFY	NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B.	LACE OF INJURY lo.g. in		Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF home, of CAUSE OF	form, foctory, street, of	ice pide INJURY OCCUR?	and an anal meaning
NO 1			
> IOF INJURY	NJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While	At Not While		
22. I certify that (I) (this hospital) attended the			2/19/ 73
	2/19/		2/19/ 19/2
that (i) (we) last saw the deceased alive on			er) apinion death accurred an the date
and haur and from the causes stated above. (1)	(We) (dld) (dld not) vi	ew the bady after death.	
23A. SIGNATURE	. ^		23 B. DATE SIGNED
11 - GI	Ohan	ding Med. Staff Phys.	2/19/72
28C. PHYSICIAN'S	DEGREE Phys.	3D. ADDRESS	
NAME IType)	M.D.	UNION MEMORIA	1 Hospital
Round W. GELKIER	DEGREE	UNION TOUR TOURING	BAKinux, Md
4A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL ISpecify!	AE OF CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county! [State)
Burial 2-12-72 VI	M. Loud.	Persota 1 1 La ill	Sol
SOLD STATE OF THE HEALTH DEPT. SOLD SEEN HAVE OF	DUY TUUMM	25G. FUNERAL DIRECTOR	ADDRESS
THE THE LITTLE OF THE LITTLE OF		MANUEL DIRECTOR	1 / JORESS M
		Havy W. Hulaht	sylveville 11/d.
/S 150-REV. 1/1/68		//	



H-200 72 01970 BALTIMORE CITY HE	CERTIFICATE OF DEATH REG. NO. 2 01970
BIRTH NO.	LEKTIFICATE OF DEATH REG. NO. 2 01970
1. NAME OF DECEASED	2. DATE Known X Month Doy Yeor Hour
(Type or Print) William S. Hook	OF DEATH Estimoted 2 21 72 10:55P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 2 21 72 10:55 P.M.
OR INSTITUTION ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1005 E. Baltimore Street	A. STATE Maryland B. COUNTY 302
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White   WIDOWED   DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10.AGE (In years   II Under 1 Yr. If Under 24 Hrs.   Months, Days, Hours, Min.	E. STREET AND NUMBER
28 June 1950 21	1005 E. Baltimore Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland WHAT COUNTRY?	William S. Hook, Sr.
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even il retired)	Dorothy Curtis
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS asaden
no   219=66=6535	Clarence H. Hook, Box 443 Ritchie Hghy.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE C	CAUSE Gunshow wound of chest
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. it meons the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (a)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (c)	
OTHER SIGNAFICANT CONDITIONS CONTRIBUTIONS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Partial
228. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (It in Boltimore City, give exoct location) e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. unknown	unknown
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	white shot by unknown assailant
	ork [] snot by unknown assailant
1 certify that I held on Inquiry Inspection Au	topsy and that on this basis, deoth In my opinion
resulted from: Notural couses Accident Suicid	
	Deputy CHIEF MEDICAL EXAMINER &
ACTUAL SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 2-22-72
NAME (Type) Werner U. Spitz, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 25 Feb. 72 Glen Haven M	femorial Park Glen Burnie AA Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FFB 24 1972 Page E. Janes M. B.	Kirkley Funeral Home, Glen Burnie, Md.
LED 94 1917 Control of Account of the	Writes Laner or House oren Datates but
VS 151-REV. 1/1/68	

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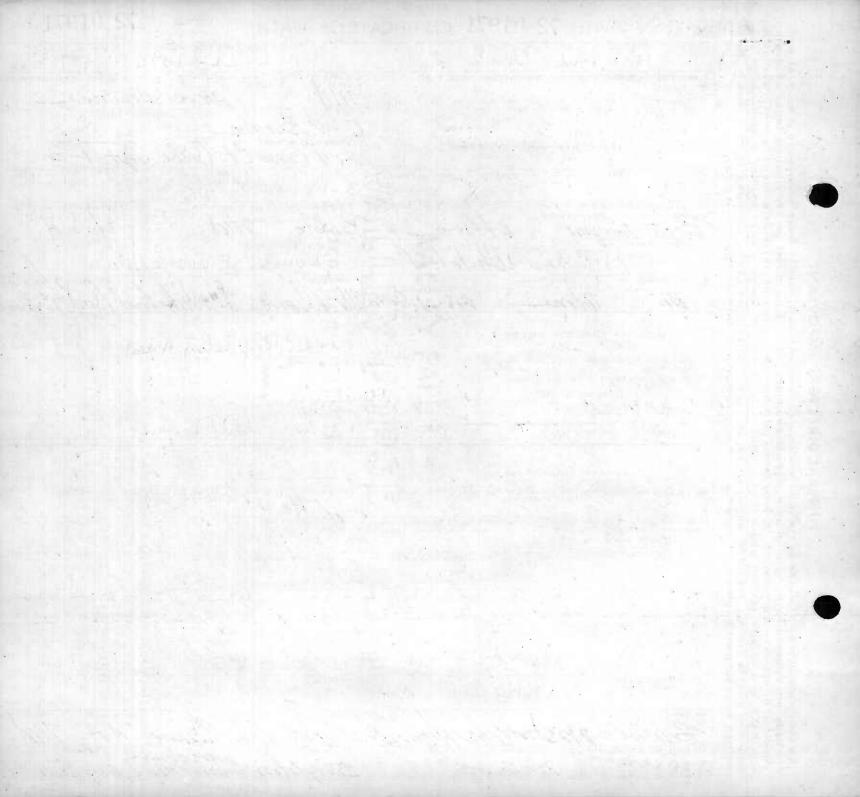
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219-X-C/S) Clare of L. Mars, Ten Hij Bridge Bert.

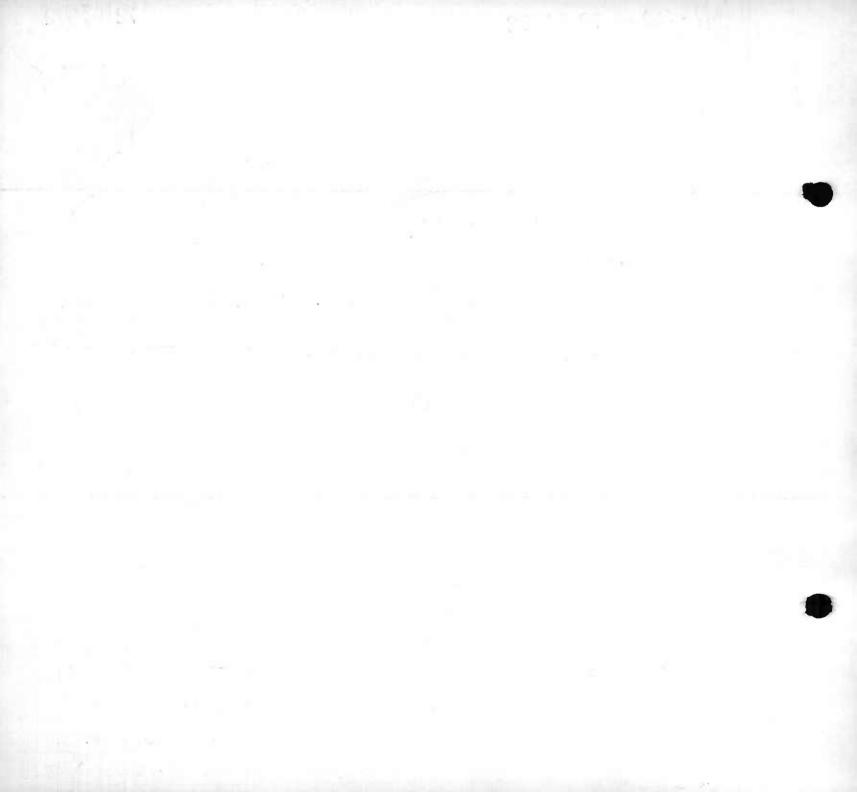
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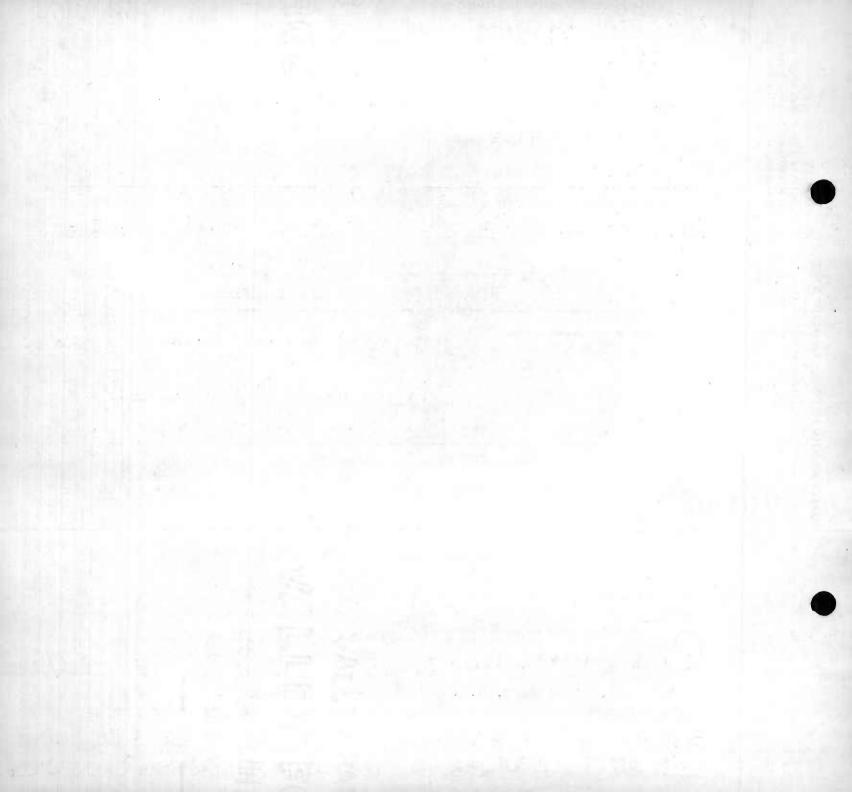
11) 011		HEALTH DEPARTMENT		min o
W-3/6 72 019	71 CERTIFICA	TE OF DEATH	REG. NO	72 01971
1, NAME OF DECEASED (Type or Print) while ford Cha	rles A.		D HOUR OF DEATH	7.34
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		e deceased lived, If ins	titution: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	Arme 1	Arunclel DE CITY LIMITS?
South Baltimore Gen. H	tospilal,	Color Burn		YES NO NO
300/- S. Hanney St, B.	saltuine.	204 CARNO	Pt. Circle	Apt 1-B
5. SEX 6. RACE 7. MARRI		3-18-95	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND			gn country)	12. CITIZEN OF WHAT COUNTE
Book Neeper 0-	Hice :	BARTO, 5	nucl.	U.S.A.
Nicholas 40	Verto ford	14. MOTHER'S MAIDEN NAM	Einwae	chter 1
S. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Ilf yes, give wor or doles of service)	16. SOCIAL SECURITY NO. 218-01-4070	17. INFORMANT	A w/h La	ADDRESS 17 ferma
18.	CAUSE OF DEATH	MI CAMILES	an Wallet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Can Di P.	hind - A	
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea		CONSEQUENCE OF:	piralong As	084
injury or complication which caused death.)			V	
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, givense to the obove couse (A) stoling UNDERLYING CONDITION last.	the (C)	congestive he	art Jailin	e ·
, II		4-		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct locotion)
21D.TIME (Month) (Doy) (Year) (Hour) S (APPROX.)	21 E. INJURY OCCURRED  While At   Not While Work   At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this haspital) attende	d the deceased fram	- 3	972 to 2	-22-1971
that (I) (we) last saw the deceased alive a	n 2 2 2	1972 and the	at in (my) (aur) apin	ian death accurred an the do
and haur and fram the causes stated above	. (I) (We) (did) (did not) v	iew the bady after death.		IOON DATE CICALED
almad		nding Med.	Shoff D	23B. DATE SIGNED 2-02-72
23C. PHYSICIAN'S NAME (Type) DX . A.H.M.A.D	DEGREE Phys	3D. ADDRESS	Phys.	4.20
24A. BURIAL CREMATION, 24B. DATE ) 24C	NAME OF CEMPTERY OF CRE	MATORY 24D. LO	CATION (City	y, town, or county) (State)
Burio 2/25/25/2	for Ham like	ent/ mt. 10	for Bume	A.A. THIA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	TE OF REGISTRAR	25C. FUNERAL DIRECTOR	· NBelow	ADDRESS .
TB24 TT WASE TAKE	18 : 0 0 O	Singleton	Fineral Ha	ne Chor Bure



REG. NO.	72 01972
OUR OF DEATH	16:10 PM
	litution: residence before admission)
BALTO	5 300
	DE CITY LIMITS?
	YES NO NO
ington	Rd. 29
E (In years inthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
untry)	12. CITIZEN OF WHAT COUNTRY?
ughman	
0	ADDRESS
4 Addingt	on Road 21229
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
carcino	7
	PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE
	7
4	
Is yes ween	A PANCE CONTRACTOR
CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
(II in Boltimore	City, give exact location)
CCUR?	
2 ta 2 /	20 19 72
my) (aur) apini	an death accurred an the dote
	238 DATE SIGNED
3	2/20/72
spitas	
on (City,	Balto Md. 21225  ADDRESS
Home 237	ADDRESS Catapsco Ave 21225
	,

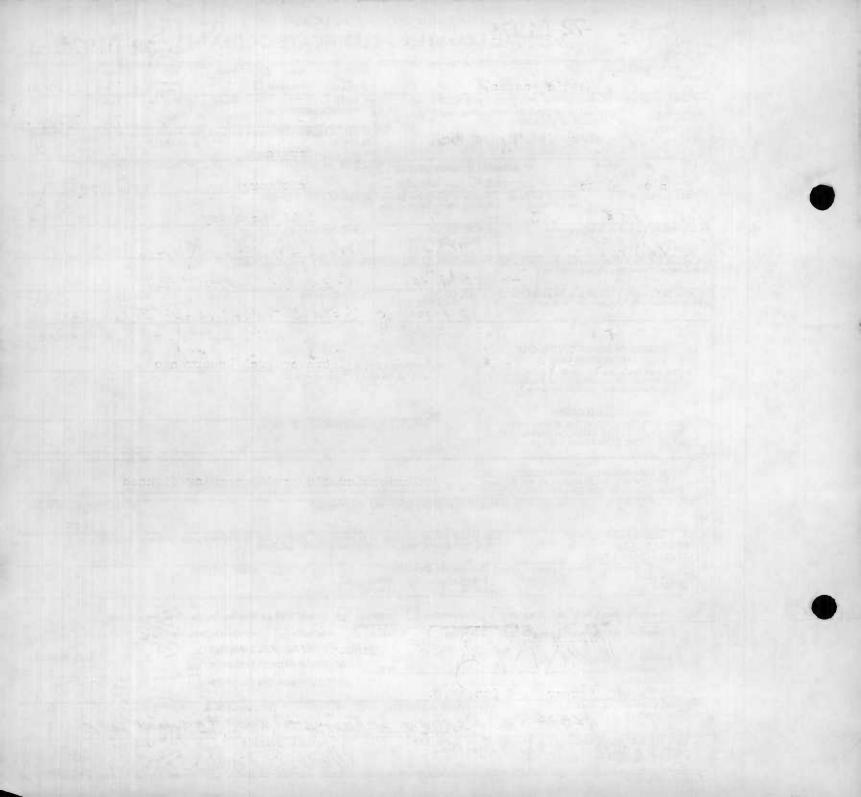


BALTIMORE CITY HEALTH DEPARTMENT

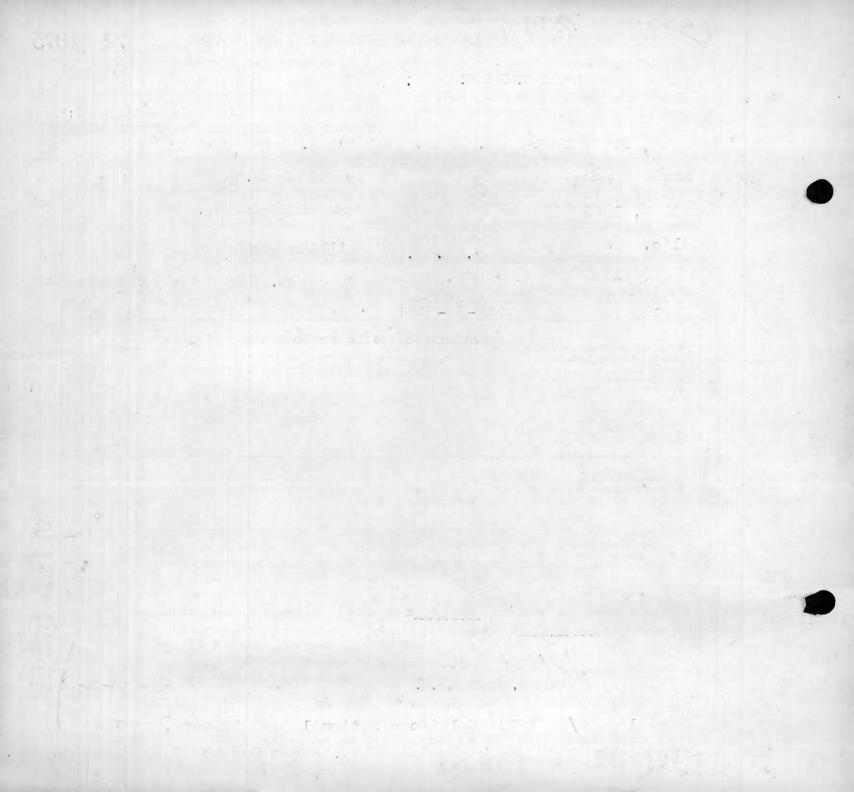


CHARLES

VS 151-REV. 3/1/68



C-623 72 01975 BALTIMORE CITY HE	CENTIFICATE OF DEATH
BIRTH NO.  1. NAME OF DECEASED (Type or Print)  NAOMI CHRISTOPHER S.	2. DATE Knawn Manth Day Year Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Manth Day Year Hour PRONOUNCED DEAD 2 20 1972 9:15 a
318 Millington Ave.	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE Md.  B. COUNTY
6. SEX female 7. RACE white 8. MARRIED □ NEVER MARRIED □ WIDOWED ☑ DIVORCED □	C. CITY OR TOWN Balto.  D. INSIDE CITY LIMITS?  YES NO
April 7, 1902 10.AGE (In years If Under 1 Yr. If Under 24 Hrs.  April 7, 1902 67 Months Days Haurs Min.	E. STREET AND NUMBER 318 Millington Ave.
11. BIRTHPLACE (State or foreign country)  Balto.  14A.USUAL OCCUPATION (Give kind of work)  done during most of working life, even if refired)	
Checker Food Fair  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dates af service)  NO 217-22-8461  CAUSE OF DEA	Sarah M. Hardgrove  18. INFORMANT P. Bruce Christopher  Approximate Interval
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED  21. AUTOPSY? (Yes or No)  no
UNDERLYING OR CONTRIB. hame, form, foctory, street, office UTING CAUSE OF DEATH.	in ar obaut 22C. WHERE DID (If in Baltimare City, give exact location) loldg., etc.)
	WHILE VORK
I certify that I held on Inquiry Inspection Acron Suicident Signature  EXAMINER'S NAME (Type)  I certify that I held on Inquiry Inspection Acron Suicident Suicident M.E.  EXAMINER'S NAME (Type)	ond that on this basis, death In my opinion  de Homicide Undetermined manner  CHIEF MEDICAL EXAMINER TO DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2/24/1972 Baltimore	National Baltimore, Maryland
FEB 24 1972 Record to the second seco	25c. FUNERAL DIRECTOR ADDRESS G. Truman Schwab 3512 Frederick Ave



BALTIMORE CITY HEALTH DEPARTMENT 72 01976 REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DICK, GOLEY R FEBRUARY 22. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YESXX NO ST. AGNES HOSPITAL E. STREET AND NUMBER 704 COOKS LANE 21229 5. BEALE 6. RACE 8. DATE OF BIRTH 9. AGE Un years 7. MARRIED K NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min. loss, birthdayl CAUCASIAN MMXXX 05/15/94 WIDOWED DIVORCED IOA, USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CARPENTER ROOFING COMPANY WEST VIRGINIA U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME NANNIE AMBROSE DICK JAMES DICK 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. ST . AGNES HOSPITAL RECORDS 215-03-370 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH iThis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B).
DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING meumo therax TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yest or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? (If In Boltimore City, give exact lacation) DEATH inotify medical examined 21D. TIME (Month) (Dov) (Yearl (Hour 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At [APPROX.] Work 22. I certify that (I) (this hospital) ottended the deceased from FEBRUARY FEBRUAR FEBRUARY that (1) (we) last sow the deceased alive on.... and that in (my) (our) opinion death occurred on the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE 238, DATE SIGNED

Attending [

DEGREE

24C. NAME of CEMETERY OF CREMATORY

New Cathedral Cem.

Med.

25C. FUNERAL DIRECTOR

23D. ADDRESS BALTO MD 21229

24D. LOCATION

Balto. Md.

AGNES HOSPITAL; CATON & WILKENS

G, Truman Schwab 5151 Balto. National Pike.

(City, town, or county)

Balto. Md.

FUNERAL DIRECTOR: IMPORTANT re; (2) Body bu where the phy No physician where (except w); and (6) No obtained I approved any pe hospital o death) 0 0 prior t D deceased D.O. body

23C. PHYSICIAN'S

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV. 1/1/68

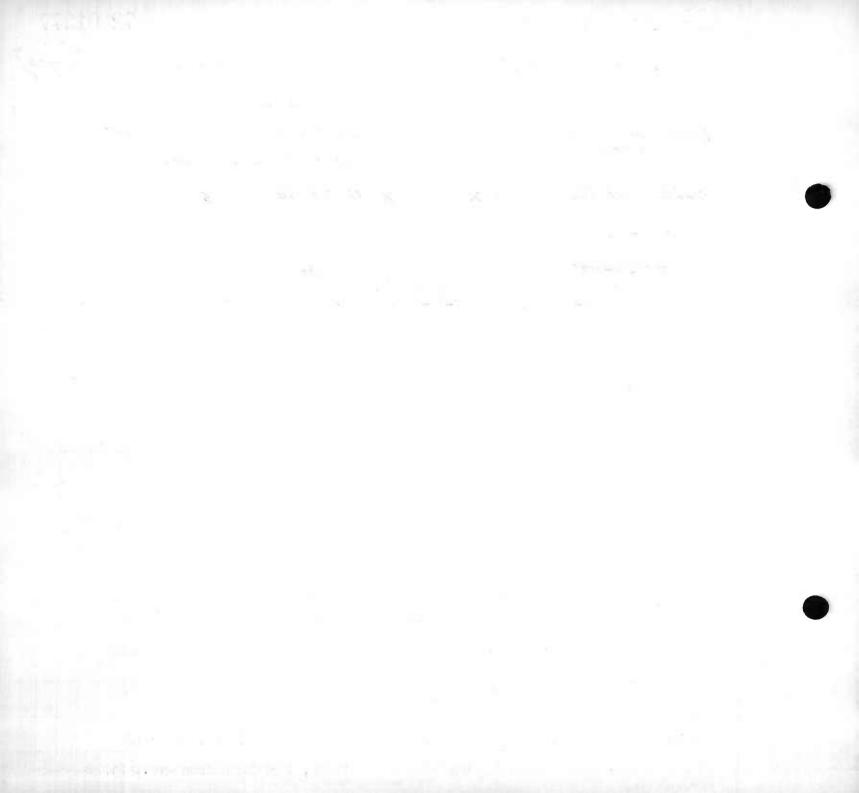
NAME (Type)

Feb. 25, 197/2

Armail II to the De 150 5 61

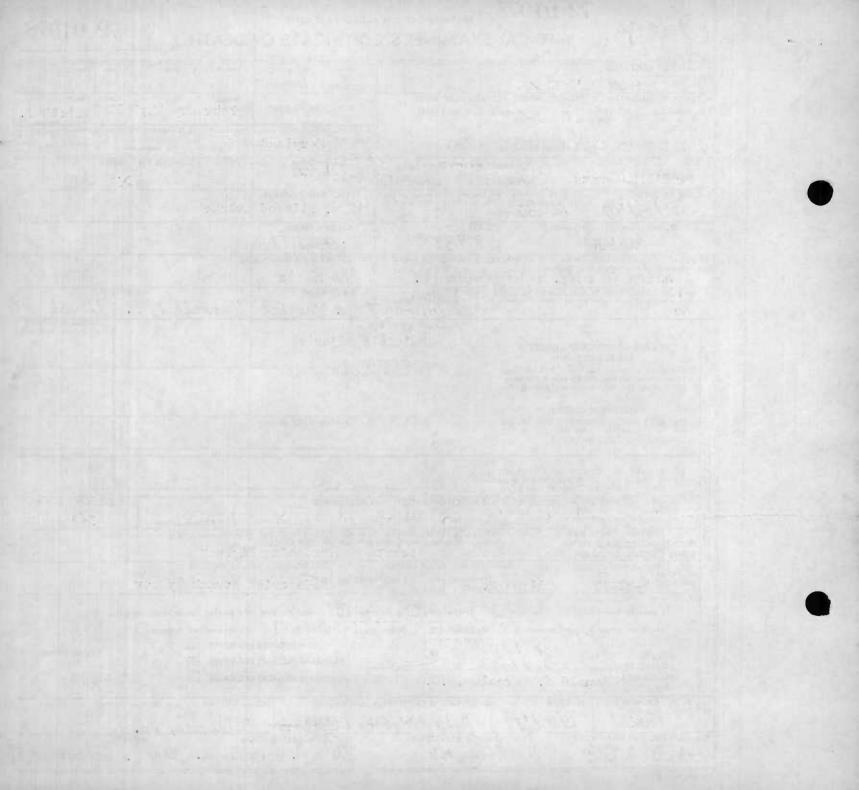
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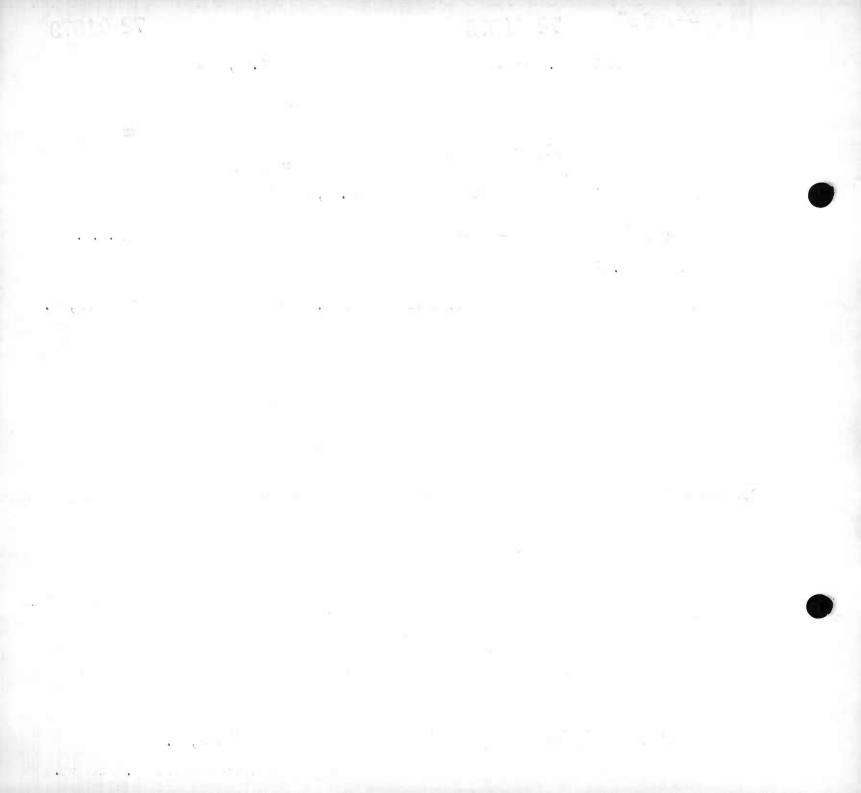


72 01978

0-25	Tel	CAL	BALTIMORE CITY H			DEAT	4	72	01978
BIRTH NO.	MEL	ICAL	EXAMINER'S	CERTIF	ICATE OF	DEAT	REG. NO.		
1. NAME OF DEC	EASED			II2. DATE	Known 🔲	Manth	Doy	Year	Hour
(Type or Print)	MARY O'CONNI	7 7 7		OF	F				
	TIMORE, MARYLAND, V		NOUNCED DEAD	3. DATE		Manth	Day	Year	Haur M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		OUNCED DEAD	Febru	ary 22,		11:22 P _Å
11	ORE CITY HOS	PITAL	(DOA)	A. STATE	Maryland		ed, if institution B. COUNTY	: residence	601
6. SEX	7. RACE	8. MARRIE	D NEVER MARRIED	- 11	OR TOWN		D. INSIDE CI	TY LIMITS?	
Fema1e	White	WIDOWE	D DIVORCED	]   Balt	imore		YE	s 🖾	NO 🗆
9. DATE OF BIRT	- / 100 last bigthde		Under 1 Yr. II Under 24 Hr lonths, Doys, Hours, Mi		. Ellwood	Avenue			
11. BIRTHPLACE (	State or lareign country)		CITIZEN OF	13. FATH	ER'S NAME				
	reland		WHAT COUNTRY?		hael Flyn	n			
		14B, KIND C	OF BUSINESS OR INDUST						
done during most of	vorking life, even ilgetired)		1 1 (		Burke				
	ED EVER IN U.S. ARMEI		17. SOCIAL	18. INFO			A	DDRESS	
	(Il yes, give wor ar dotes		SECURITY NO.			010			Lwood Ave
140			217-16-68		"aurice	Conn	eu 13		
19. E 8	14.7		CAUSE OF DE						PPROXIMATE INTERVAL VEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIRE	CTLY	Multi	ple In	uries				
/21	LEADING TO DEATH		(A)IMMEDIATE	CAUSE					
(Ihis daes n	ot mean the made of dy , asthenia, etc. It meons the nplication which coused de	ring, e.g., disease,	DUE TO, O	AS A CONS	QUENCE OF:				
DISEASES RISE TO THE UNDERLYIN	NTECEDENT CAUSES OR CONDITIONS, IF AN' E ABOVE CAUSE (A) STA NG CONDITION LAST.  III HIFICANT CONDITIONS C ATH BUT NOT RELATED TO	TING THE	(c)	R AS A CON	SEQUENCE OF:				
	CONDITION GIVEN IN P		OR WHICH OPERATION	WAS PERFOI	MED			2) AUTO	PSY? (Yes or No)
1.1/2									yes
	NAL CAUSE WAS	ho	B. PLACE OF INJURY (e.gome, farm, foctory, street, af	ice bldg., etc.	INJURY OCCUR?	(If in Boltimor	e City, give exo	ct location)	1
B UTING □ CA	USE OF DEATH.		Stree	t (5)	Broening I			The same	550
	(Month) (Doy) (Yea		22E, INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	R?		
(APPROX.) 2.	-22-72 1	1:05 #	WHILE AT NO	WORK X	Pedestria	n struc	k by ca	r	
1 cert	Ify that I held on I	nquiry 🗌	Inspection A	utapsy 🔀	and that on t	his basis,	death in my	aplnion	
resul	ted from: Natural cau	ses 🗌	Accident Suic	Ide 📗	Homicide 🗌	Undetermin	ed manner	7	
	(),	111	17/1		CHIEF MEDICAL			100	
ACTUAL	11 01/4 0//	1/1/	1.1.1.	a AS	SISTANT MEDICAL	EXAMINER	$\mathbf{x}$		DATE SIGNED
SIGNAT		17 1	1 M D	ph/y-	OCIATE MEDICAL			2/23	3/72
NAME (		Korne	Tum, M.D.	μ3.	OCIATE MEDICAL	EVWALIIAEK		4/4-	0/12
24A. BURIAL CRE REMOVAL (Speci	fy) ,   0/0/	/172	24C. NAME of CEMETER Holy Redee	-		Baltin	(City, lown	, or county	) (State)
-	BY HEALTH DEPT.		ME OF REGISTRAR	250	. FUNERAL DIRECT	OR	Al	DORESS BO	iltimore S
VS 151-REV. 1/1/6	3	996	18-	1	7 7 6				

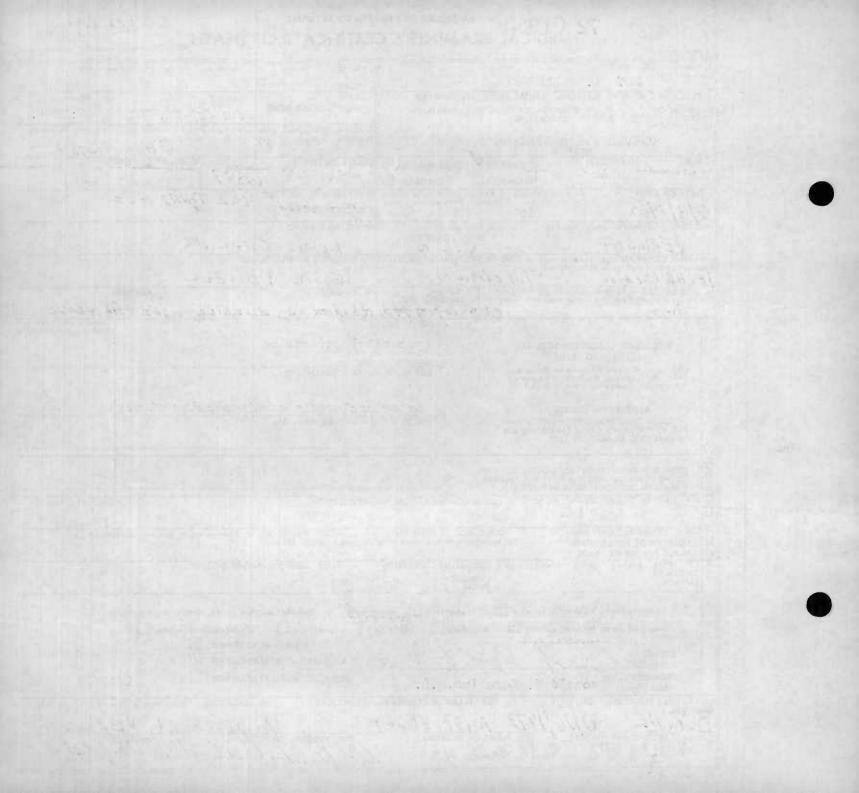


RIPTI	4-65	5 72	019	BALTIMORE CITY  OF CERTIFICA	HEALTH DEPARTMENT	REG. NO	72	01979
1. NA	AME OF DECE	Annie E.			2. DAJE	AND HOUR OF DEATH	H .	
3. PL	ACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	14. USUAL RESIDENCE (W	here deceased lived If	in atitutions as	Aidense before at its i
FULL	L NAME OF PITAL OR ITUTION			UTION, GIVE STREET	A. USUAL RESIDENCE (WA. STATE B. COI Maryland C. CITY OR TOWN Baltimore		SIDE CITY LI	2404
	00	1817 (ovin	gton St	reet	E. STREET AND NUMBER	rton Street	YES A	No 🗌
5. SE	x le	6. RACE	7. MARDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1 (/ 1) /	
	nale	White	WIDOWED	DIVORCED	Oct. 31, 1903	lost biethdayl	Months	1 Yı. II Under 24 Hıs. Doys Hours Min.
done o	USUAL OCCUI	PATION (Give kind of work piking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of Ic	reign country)	12. CITIZ	EN OF WHAT COUNTRY
	Housewi			· Claric Claric Claric	Maryland			I.S.A.
13. FA					14. MOTHER'S MAIDEN N	AME		
	Samuel	D. Birely			unknown			
5. W	os Deceosed E	ver in U. S. Armed For- II yes, give war or dote	cos?	1 6. SOCIAL	17. INFORMANT			ADDRESS
	$\omega$	it yes, give wer or cole	s of services	security no.	Fern A. Myers		Pa	sadena, Md.
11	8.4//	1		CAUSE OF DEATH				APPROXIMATE INTERVAL
		OR CONDITION DI	ECTLY			11 1	, В	ETWEEN ONSET AND DEATH
		EADING TO DEATH		(A) IMMEDIATE CAU	i Coronary	Mumba	20	1 den
h	This does not learl failure, a	mean the made of stheria, etc. It means	dying, e.g.,		CONSEQUENCE OF:	************		
i	njury at campl	icalian which caused	death.)	4 4				
	At	NTECEDENT CAUSES		10 /10/0	in la m	1	ł	2+41
D	DISEASES OR	CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:			- VI
n	se la lhe	above cause (A) CONDITION (ast.	stating the					
_	DADERLIING	CONDITION last,		(c)	***************************************	***************************************		***************************************
	O THE DEATH	ANT CONDITIONS COR	FTERMINAL					
	ISEASE OR COL	NDITION GIVEN IN PART	1 (A).	WICH OPERATION	1001	***************************************		***************************************
E /	)	WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or )	10) 20B. IF YES, WERE	FINDINGS OF D	CONSIDERED EATH?
O D	A. A CCIDENT R CONTRIBUTE EATH (notily m	WAS UNDERLYING THE CAUSE OF Ledical examiner	21B, home etc.)	B, larm, factory, street, all	or obout 21 C. WHERE DID	(II in Boltima	ro City, give	exact location)
WED 10	D. TIME (I	Month! (Day) (Year)	(Hour 21E	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
E (A	APPROX.)		Whil	e Al Not While				
22	) I annatifu al	(1) (al.:-   l (a-1)		AT WORK				
		at (1) (this hospital) ast saw the decease		The same of the sa	1972 and t	_19 <u>/ (/</u>	Il-	19 52
1				. ,		hat in (my) (our) ap	nion death	accurred on the date
23	A. SIGNATURE	ram the causes state	ed abave. (I)	(We) (did) (Wid nat) vi	ew the bady after death.			
-0	- STOIT AT ONE	1. 0	10	//	ding Med.	e. # —	23B. DATE	SIGNED
		Moto	Mod	DEGREE Phys.	ding Med. Director	Staff Phys.	7	ーナイークン
23	NAME (Type	2			3D. ADDRESS			
				DEGREE				
4A. B	REMOVAL (Spe	ATION, 24B, DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or	county) (Stote)
	Burial	2/25/72	(	edar Hill (em	eteru E	Baltimore, Md.		
5A. E		1972 Vale	E. Jab	FREGISTRAR	25C. FUNERAL DIRECTO	R		ADDRESS
S 150	0-REV. 1/1/68				I The Carry !	TOUR HOME	JU (."	OVOC VIVE!



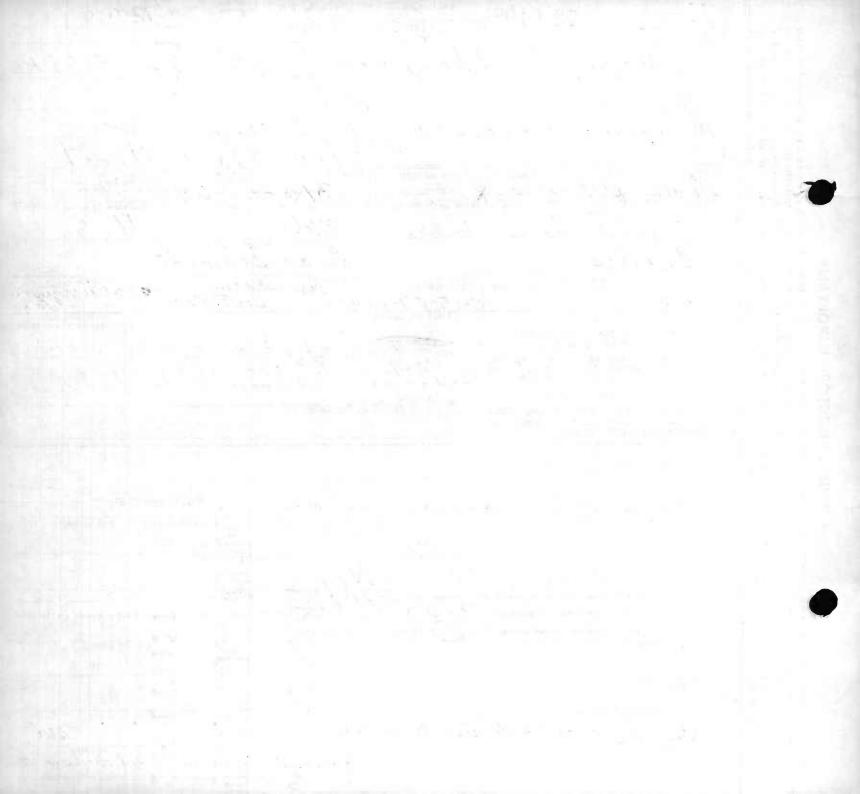
## 72 01980 BALTIMORE CITY HEALTH DEPARTMENT

C'-660 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	72 U1980
BRITINO.	CERTIFICATE OF DEATH REG. NO.	
I. NAME OF DECEASED (Type or Print)  DOW I CURDIED	2. DATE Known Month Doy	Yeor Hour
ROY L. CURRIER  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted L	٨
	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	February 22, 19	
UNIVERSITY HOSPITAL	5. USUAL RESIDENCE (Where deceosed lived. # Institution: A. STATE New York B. COUNTY	residence before admission)
	WAS	HINGTON
Male White MAKKED WEVER MAKKED	C. CITY OR TOWN  White Hall 1987	
WIDOWED L DIVORCED L	J YE YE	s P NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs losi birthdoy)   Months: Doys   Hours   Min	E. STREET AND NUMBER 9/12 THIRD A	VE
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF	13. FATHER'S NAME	
VERMONT WHAT COUNTRY?	LOUIS CUPRIER	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI		
TECHNICIAN TELEVISION	JESSIE LOWELL	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no og unknown) ((1 yes, give wor or doies of service) SECURITY NO.		DRESS
NO 009-07-9797	LESTNER W. CURRIER-WIFE	- AS ABOUE
19. 4/1/9 1 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Myocar	dial Infarction	DET WEEN ONSET AND DEAT
LEADING TO DEATH		
heart foilure, osthenio, etc. It means the disease.  DUE TO, OR	AS A CONSEQUENCE OF:	*******
Injury or complication which coused death.)		
ANTECEDENT CAUSES (B) Arter	riosclerotic cardiovascular dis	ease
	AS A CONSEQUENCE OF:	
LUNDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	, in or about 22C. WHERE DID (if in Boltimore City, give exact	
☐ UTING ☐ CAUSE OF DEATH.	ce bldg., etc.) INJURY OCCUR?	
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NO	T WHILE	
23.		
	utopsy X and that on this basis, death in my c	
resulted from: Natural couses 🗵 Accident 🗌 Suici	de Homicide Undetermined manner	
ACTUAL TIME INTERPRETATION	CHIEF MEDICAL EXAMINER	DATE CIONED
SIGNATURE M.I	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	2/23/72
24A. BURIAL CREMATION. 124B. DATE	or CREMATORY 24D. LOCATION (City, town,	
REMOVAL (Specify) DB6/1972 MIDDLEBUR		or county) (Stote)
	VIIINVALOURI	ERMONT
FEB 24 1972 Debut E. Jackey M.D.	25C. FUNERAL DIRECTOR	DRESS, NO.
	M KINITS PESSEY! VEE	1 -
VS 151-REV. 7/1/68		



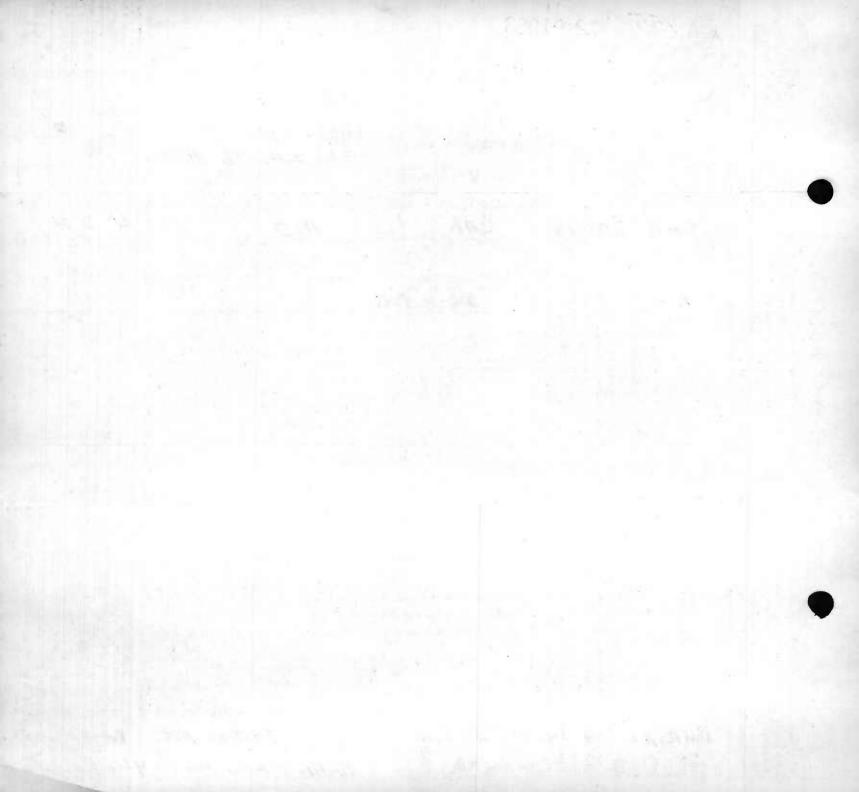
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

T - 190 04004	BALTIMORE CITY	HEALTH DEPARTMENT		MO OLO
1-5/2 72 01981 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 01981
1. NAME OF DECEASED (Type or Print)	-1	2. DATE AND	HOUR OF GEATH	
HEARY H.	DOMOS	01 21	23/7	215,55 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	A. STATE B. COUNTY	deceased lived. If in	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
manyland Gener	ral Hosp	ESTREET AND NUMBER	mere	YES NO
-8		3114 5	leet	street
5. SEX  Malo  GRACE  MARRIED  WIDOWED  WIDOWED	DIVORCED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		11. SIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	1 - P.	md	Coonay	1/ COUNTRY
13. FATHER'S NAME	labar	14. MOTHER'S MAIDEN NAME	0	19171
Charles		dena Se	chmed	t
15. Was Deceased Ever in U. S. Armed Forcos? (Yes, no or unknown) (Iff yes, give war or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT	c M	ADDRESS
No.  -	215-07-1	647 Miss. Sha	backas	5823 Cheryuzor
18. // / 2 / / 1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	R	PI		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Pobabl	0 50,00	es weeks
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE JO, OR AS	A CONSEQUENCE OF:	Condit	
injury or complication which caused death.)	and cere			
ANTECEDENT CAUSES	(B) mek	2.11.1	1) 2 111	60, 60, 66-
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CORSEQUENCE OF:	**********	***************************************
rise to the above cause (A) stating the UNDERLYING CONDITION last,	(c)			
- II	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		****	***************************************
19A-DATE OF OPERATION 19E CONDITION FOR WH	CH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
19A DATE OF OPERATION 19B CONDITION FOR WH WAS PERFORMED  21A ACCIDENT WAS UNDERLYING 1	ACE OF INTURY IS OF	or obout 21 C, WHERE DID	715 to 12 lot	
	form, foctory, street, of	injury OCCUR?	(II In Bollimor	e City, give exect location)
O 21D-TIME (Manth) (Day) (Year) (Hour) 21E IN	JURY OCCURRED		Mon	
21D.TIME (Manth) (Doy) (Year) (Hour) 21E IN OF INJURY (APPROX.) While		21F. HOW DID INJUR	Y OCCUR?	
10 MP Work	AT WORK	HUNY		
22. I certify that (1) (this hospital) attended the	deceased from	/ / ^	72 10 0	2/23 19 20
that (1) (we) last saw the deceased alive on	2/23		in(my) (our) opin	nion death occurred on the date
and hour and from the causes stated above. (1) (	(did) (did not) v			
23A. SIGNATURE				238 DATE SIGNED
Muhael A. Werney	M D DEGREE Phys	Med. Sto		2/23/12
23 C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	1	Harris
24A. BURIAL CREMATION, 24B. DATE 24C.NAM	DEGREE OF CRE	MAJORY A CIDED 1240-10C	ATION IT	ty, rhown, or county) (Stote)
Bundl 2-26-72	to Man	SACRED HART	TEM. BA	ly rawn, or gounty) (Stole)
25A, DATE REC'D BY HEALTH DERT. 25B NAME OF	EGISTRAR	25C. FUNERAL DIRECTOR	1 fmesm	3218 Hudsont
VS 150-REV. 1/1/6B		A received to		



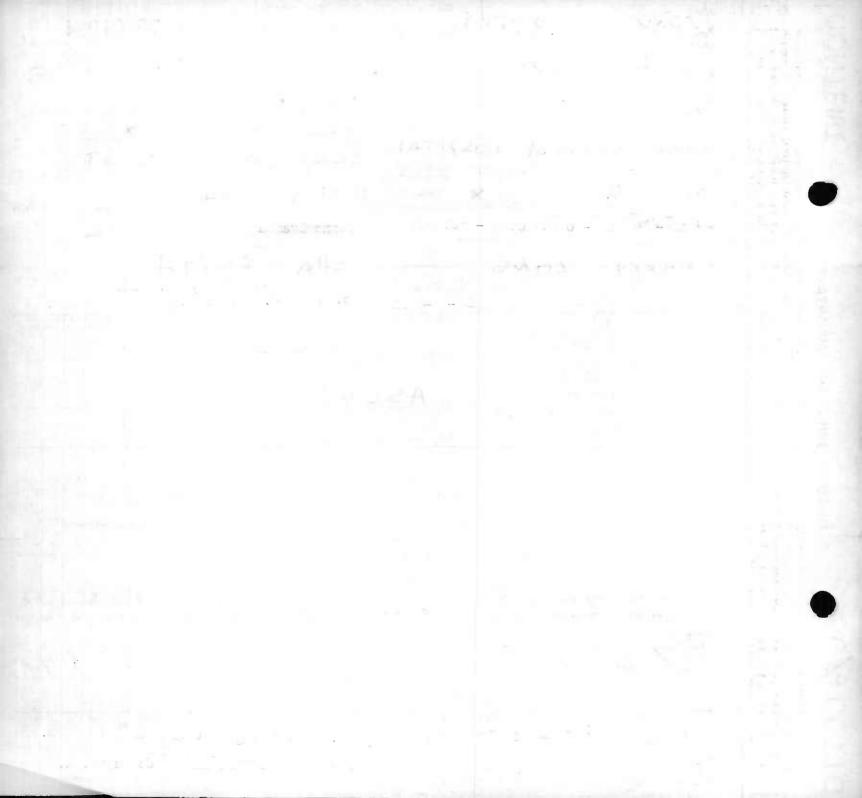
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	BALTIMORE CITY	HEALTH DEPARTMENT		72 01983
)-455 72 01983	CERTIFICA	TE OF DEATH	REG. NO	
NAME OF DECEASED			HOUR OF DEATH	A A
ype or Print) Skrllman Re	Sert		21- 7	2 1 10.00 8
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission
III NAME OF THE NOT IN HOSPITAL OF THE	TITLE ON CIVE STREET		A.Co	6200
JLL NAME OF (IF NOT IN HOSPITAL OR IN! OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		IDE CITY LIMITS?
South Baltimore General	Hospiel_	Rock View Bch	- PAS.	YES NO
300  - S. Hanner 8t,	Balhine,	E. STREET AND NUMBER	1	3
Md. 212 30.		ELIZAbé.	Th AUG	
SEX 6. RACE 7. MARRI	ED NEVER MARRIED	11	. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
M WIDOW		10-3-05	66	
A, USUAL OCCUPATION (Give kind of work 10 B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTE
CAL DRIVES	CAB	mn		4.5.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
Robert (Dee	.)	Laures	Dec	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.			
18.2/ 2 17 0	CAUSE OF DEATH			APPROXIMATE INTERVAL
701.0	CAUSE OF DEATE			BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Candi Rul	Lucy and A.	nsol
(This does not mean the mode of dying,	(A) IMMEDIATE CAU		ancorry 17	
heart failure, asthenia, etc. It means the disectiniury or complication which caused death.)	ose,			
ANTECEDENT CAUSES	Cox	ech in Man.	L9071	
DISEASES OR CONDITIONS, if ony, giv	(B)	consequence of:	1 frame	
rise to the obove couse (A) stoling	the	Pulumany O	edoma.	
UNDERLYING CONDITION Iosi,	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimor	re City, give exoct locotion)
	home, form, foctory, street, of	ice plag., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
	Work At Work		.72	21 22
22. I certify that (I) (this haspital) attende			972 10 2	
that (I) (we) lost saw the deceased alive o	n 2 = 2\	19.7ond tha	t in(my) (our) apl	nian death accurred an the do
and hour and fram the causes stated above	e. (1) (We) (did) (d <del>id not</del> ) v	iew the body after death.		
23A. SIGNATURE	- A. D	44		23 B. DATE SIGNED
Church	DEGREE Phys	Med. Director	Shaff Phys.	2-21-72
23C. PHYSICIAN'S NAME (Type) Mushlag, Alir	· ad	BOD. ADDRESS 3001-S	. Handle	84.
Mushlag Atri	M.D.	Baltima	e, md.	21230
	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (C	ity, town, or county) (Stote)
REMOVAL (Specify)	DAK LAWN	FAC	- 11.	ROLTH mi
5A. DATE REC'D BY HEALTH DEPT. 25B. NAM		113	TERN HUR	1 1077-1-1-1-1-1
	AE OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
PROBLEMS OF AC Z.A.	A F OF REGISTRAR	2SC. FUNERAL DIRECTOR	nal Home	4200 PENNINTER



CHERCH SINCOLOR INFORMATION	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was rejeased to the nospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

1-500		- 10	BALTIMORE CITY	Y HEALTI	DEPARTMENT				
BIRTH NO.	72	019	84 CERTIFICA	TEC	F DEATH	REG. NO	72 01984		
I. NAME OF DECEA						D HOUR OF DEAT	(H		
Type or Print)	NG DOI	FLAU			Feb	23.19	77 1 055		
	ORE MARYLAND, WHE			II4, USU	AL RESIDENCE IWhen	e deceased lived. If	institution; residence before admission		
FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION CIVE STREET					E & COUN	Ď	1206		
HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
LATIG2017 LAIDON SH NOINU					BALTIMOTE VES NO DE, STREET AND NUMBER 2642 N. Charles ST.				
X USUAL OCCUPA		NDOWED	DIVORCED DIVORCED DIVORCED	11-	78.0	84			
one during most of work	ing life, even if refined?			II. BIRT	TPLA CE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNT		
'orman - Be	lmar - Contra	ctor	- retired	/ Pe	nnsylvania		USA		
3. FATHER'S NAME		1		14. MO	HER'S MAIDEN NA	AE			
HAZZY LONG					HTIMZ All3				
es, no or unknown) (if	r in U.S. Armed Forces? yes, give war or dotes of	service)	SECURITY NO.		RMANT Reist	erstown, Mo	d. 21138DRESS		
No	None		216-16-9611	Mrs.	Leroy J. I	Rhodes 21	3 Greenview Ave.		
18./// / 2	il I		CAUSE OF DEAT	н			APPROXIMATE INTERVAL		
AN1 DISEASES OR	ration which caused dec TECEDENT CAUSES CONDITIONS, it any, above cause (A) sta ONDITION last.	glving	(8) A S (DUE TO, OR AS (C)	A CONSI	QUENCE OF:				
OTHER SIGNIFICA	NT CONDITIONS CONTRI UT NOT RELATED TO THE TO DITION GIVEN IN PART 1	ERMINAL	************************		***************************************	-			
	ERATION 198 CONDITION WAS PERFORM	ON FOR Y	WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	20B, IF YES, WER	E FINDINGS CONSIDERED		
OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING DIG CAUSE OF	21 B hom elc.	PLACE OF INJURY (e.g., i ne, form, foctory, street, of	n or obout fice bldg.,	21C. WHERE DID INJURY OCCUR?	(If In Boltim	nore City, give exoct locotion)		
21D-TIME (M OF INJURY (APPROX)	onlh) (Doy) (Year) (H		INJURY OCCURRED  ile At Not While rk At Work	• 🗆	21 F. HOW DID INJI	JRY OCCUR?			
22. I cartify the	t (1) (this hospital) ot					9 65 to	2-23 10 7		
							······································		
	t saw the deceased of					it in (my) (our) of	pinion death accurred on the do		
	om the causes stated	abave.	l) (We) (did) (did not) v	iew the	body after death.				
23A. SIGNATURE	11-1	1.					23B. DATE SIGNED		
Dan	Un 7,	fish	T Dhu	nding	Med.	Staff Phys.	2-23-19		
23C. PHYSICIAM'S NAME (Type)	. ,		DEGREE	23 D. ADD			b. 1+ 1		
-R		-ESL	DEGREE				Jacamere Me		
REMOVAL (Spec	** *	24C.N/	AME of CEMETERY of CRE	MATORY	TOT 71		City, town, or county) (Stotel		
Burial	"" 2/26/197	2 1103	adowridge Mer	Pk	Cem. El	TLUI City	Howard Md.		
SA. DATE REC'D BY	HEALTH DEPT. 258	NAME C	OF REGISTRAR	25C.	FUNERAL DIRECTOR	8728 Lib	enty Po Appress		
FEB 24 107	2 PREST	0 -	2 3 3 5		ing Byers	Funeral Di	erty Road A.		
S 150-PEV 1/1/48	F 100000 B. S. P. P.	- Const	123	1 1					



IMPORTANT

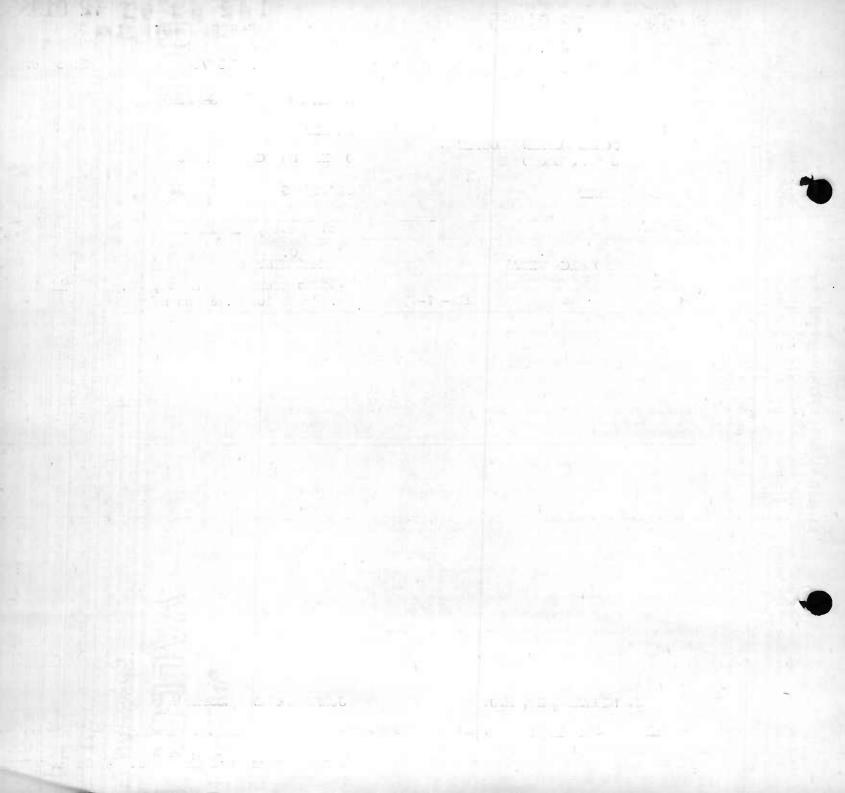
DIRECTOR:

FUNERAL

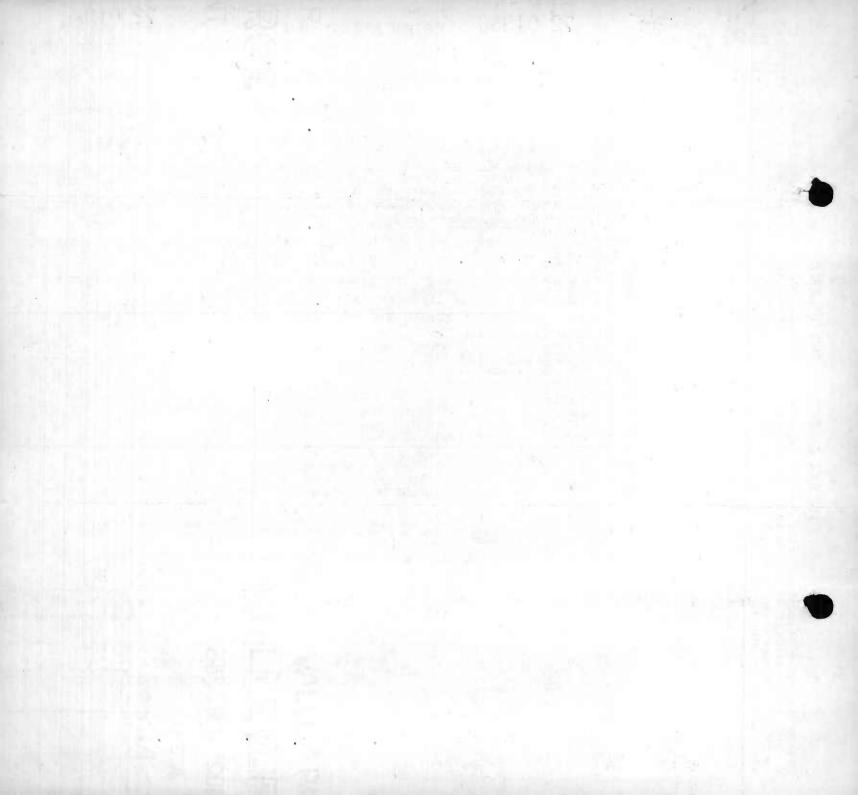
If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY ADDRESS 21163 Granite, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion deoth occurred an the date 23B. DATE SIGNED (City, town, or county) Balto. Co., Md. Granite, Maryland 25C. FUNERAL DIRECTOR 8728 Liberty Road ADDRESS Loring Byers Funeral Directors, P. A.

2:05

ио 🗓



D12- 100010	BALTIMORE CITY	HEALTH DEPARTMENT		72 01986		
P-635 72 019	86 CERTIFICA	TE OF DEATH	REG. NO	14 01000		
NAME OF DECEASED Robert E. Pu	rdum In	2 DATE AN Feb. 2	D HOUR OF DEATH	1 ,		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If	institution: residence before odmission		
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	NSTITUTION, GIVE STREET	Лd. c. сду ок томы	HH	SIDE CITY, LIMITS?		
11 - 6 . 0 . 6	,,	E. STREET AND NUMBER LINTH CM Hout, NO 425 Cleveland Road Balto 21090				
43 South Balto Gen 1	Hospital					
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	34	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
WIDO		May 23, 1924	4/			
0A. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if refired)  According	ountant	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR		
Robert E. Purde	um Sn.	Nattie Gartrell				
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(es, no or unknown) (If yes, pive wor or dotes of serv	216 20 7980	Lois E. Purdum 425 (leveland Road 21090				
18.4/0.71	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	aute C	nongen TI	mbosis	10		
(This daes not mean the made of dying,	e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF:	imovo	daz		
hearl failure, asthenia, etc. It means the dis- injury or complication which coused death.)	eose,	A CONSEQUENCE OF.				
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, if any, g	(B)	A CONSEQUENCE OF:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
rise to the obove couse (A) stating						
UNDERLYING CONDITION last.	(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING					
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).						
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., i home, form, foctory, streel, of etc.)	, in or about 21 C. WHERE DID (If in Boltimore City, give exact location)				
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)	While At Not While At Work					
22. I certify that (I) (this bospital) attend		An 10,	01)	Feb. 20, 19 >2		
that (I) (we) lost saw the deceased alive	TO IC			olnion death occurred on the do		
and hour and fram the couses stated abo	/		(,, (001, 0)			
23A. SIGN ATURE	ve. (i) (we) (urd) (atta-not) (	iew the body offer deoth.		23B. DATE SIGNED		
Car Sall		nding Med.	Staff Phys.	2-22-52		
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	rnys. 🗀	J-11/2		
NAME (Type)		NESTALL.				
4A. BURIAL CREMATION, 24B. DATE	DEGREE	MATORY 24D. L	OCATION (C	City, town, or county) (State)		
REMOVAL (Specify)		44	. Airey Ma			
SA. DATE RECID BY HEALTH DEPT. A 258. NO.	Parvin (hapel Mt.	DEC FUNERAL DIRECTOR		2238014		
FEB 24 1972 Wasan E. V	abe, KD	Moully timen	al Home 227	Patapsco Ave 2122		
S 150-REV. 1/1/68	- 1		201101116 2)/	warpisa - ve 2122		
3 13U=8EV, 1/1/08						



	O'AYU CEDTIEIC	CATE OF DEATH REG. NO. 72 01987
	BIRTH NO.	
	(Type or Print) SAGEL, FANDIE	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR JOWN D. INSIDE CITY LIMPS?
1	1) 0 1	LAUTI MORFE YES T NOT
	12 SINAL HOSPITM of BALTIMORE	E. STREET AND NUMBER 6617 DEANCROFT Rd. # 21209
	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   DIVORCED	7 7/25 1902 lost birthdoy lost Months Doys Hours Mine
	10A. USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if religed DAN SAGEL PRODUCE, INC.	RUSSIA XXXX USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ALBERT DECKELBAUM	GUTIE WISEMAN
	5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17- INFORMANT ADDRESS
	BI 216032-5701	
	18. 7 5 0 . 9 1 CAUSE OF DE	MR. DANIEL SAGEL, 6 UNDERCLIFF COURT #21208
1	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not meen the mode of dying, e.g., (A) IMMEDIATE C	
	heori failure, oshlenio, etc. Il means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
	ANTECEDENT CAUSES	DIABRIES MELLITUS
$\parallel$	DISEASES OR CONDITIONS, it ony, giving DUE TO, OR rise to the obove cause (A) stating the	AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)	
1	7	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	[20A-AUTOPSY? (Yes or No)] 20B, IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11	12 MILACE OF INJURY (E.C.	office bldg. INJURY OCCUR? (If In Boltimore City, give exoct locotion)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
1	(APPROX.) While At Work At Wo	
	22. I certify that (1) (this hospital) attended the deceased fram	
	that (i) (we) lost saw the deceased alive on 2-21	19 Ty ond that in (my) (our) apinian death accurred on the date
	ond hour and from the causes stated abave. (1) (We) (did) (did not)	view the hody ofter death
	23A. SIGNATURE	238, DATE SIGNED
	Invelor & Oudinain ). Was A	tending Med. Shaff 2 - 21 - 7v
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	ANNUETO T. ORDINARIO, JR. MO	
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
	BURIAL 2-23-72 CHIZUK AMUNO (AI	RLINGTON) BALTIMORE, MARYLAND
2	EB 24 1972 Block E. Jaben 12	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
V	\$ 150-REV, 1/1/6B	

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OR INSTITUTION						5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
	BALTIMO	RE GEN				A. STATE Maryland B. COUNTY 2301					
6. SEX	7. RACE		8. MARR	ED 🗌	NEVER MARRIED	C. CITY OR TO	WN		D. INSIDE CIT	Y LIMITS?	
Male	Whi	te	WIDOW	ED 🗌	DIVORCED	Baltimo	re		YE	s 🖾 NO	
9. DATE OF BIRT	Ĥ	10. AGE (In	n years	If Unde	er I Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET AND	NUMB	BER			
May 14,	1939	TOST DIVINGO	"32	***************************************	l l l	905 S.	Han	over Stree	et		
11. BIRTHPLACE	State or foreig	in country)			IZEN OF	13. FATHER'S N	A ME				
Nort	th Caro	lina		WH	U.S.A.	Giles	Test	ament			
done during most of			14B. KIND	OF BU	SINESS OR INDUSTRY	15. MOTHER'S	MAIDEN	NAME			
Aid	WOLKING IIIE, EV	en nitenteo)	Hosp:	ital	7. 4 - 1 - 1	No In	fo.				
16. WAS DECEAS	ED EVER IN	U.S. ARME	FORCES	? 1	SECURITY NO.	18. INFORMAN	IT		AD	DRESS	
No	iji(ii yes, give v	voi di doles	ui service)	2	40-52-3403	Nannie R	• Ch	urch	Nort	h East,	Md.
19. F 8	70 X.				CAUSE OF DEA					APPRO	XIMATE INTERVAL
DISEAS	E OR COND	ITION DIPE	CTLY		Smoke	and soot	inha	lation		DETTTEEN	ONSET AND DEATH
DISCA.	LEADING TO		CILI		(A)IMMEDIATE C		Tillia	. Lacton			
(This daes	nat mean the	mode of dy	Ing, e.g.,			S A CONSEQUEN	CE OF:				
injury or ca	e, asthenio, etc. mplication whic	ch caused de	ath.)								
	NTECEDENT	CALISES			Conf	lagration					
			, GIVING		DUE TO, OR	lagration  AS A CONSEQUE	NCE OF	:			
RISE TO TH	OR CONDITION  E ABOVE CAN  NG CONDITION	USE (A) STA	TING THE								
Z					(C)						
OTHER SIGN	NIFICANT CON	II	ONTRIBLIT	ING							
O THE DE	ATH BUT NOT	RELATED TO	THE TERMI	NAL							
				FOR W	HICH OPERATION WA	AS PERFORMED				21. AUTOPSY	(Yes ar No)
5 7										yes	
22A. EXTER	NAL CAUSE	WAS	1:	22B. PL/	ACE OF INJURY(e.g.,	in or obaut 22C.	WHERE	DID (If in Boltimore	City, give exoc	t locotion)	
	OR CON			home, fo	Home	bidg., etc.) INJU	RY OCC	Hanover S	treet	27	101
≥ 22D. TIME	(Manth) (D	ογ) (Yea			INJURY OCCURRED	22F.		ID INJURY OCCUP		00.100	
OF INJURY	-19-72	A	. M.		LE AT NOT	WHILE S	1 .		· ·		
23.				m. WO	RK L ATW	ORK A S	ubje	ct in hous	efire		
1 cer	tify that I h	eld on 1	nquiry [	]	nspection Au	tapsy 🗴 a	nd that	t on this basis, d	eath In my	pinian	
resul	ted from: N	atural cau	ses 🗌	Acc	ident v Suicid	e Homic	ide 🗌	Undetermin	ed monner		
			10	7				ICAL EXAMINER	7		
ACTUAL	1 1 1	hed	11	V	1/				×	DA	TE SIGNED
SIGNAT	ICRIC	0-71	1	In	MO	ASSOCIA	TE MED	ICAL EXAMINER	7		
NAME (	VA:	nald N	. Kor	nb1u	m,M.D.	ASSOCIA	IL MLD	TONE EXAMINATE E	_	2/19/	72
24A. BURIAL CRE REMOVAL (Spec		4B. DATE	TEF	24C.	NAME of CEMETERY	or CREMATORY		24D. LOCATION		ar county)	(State)
Burial	"7)	2-25-	72	N	orth East M	ethodist		North Eas	t Cec	cil Co.	Md.
25A. DATE REC'D	BY HEALTH	DEPT.	25B. N.	AME O	F REGISTRAR	25C. FUN	ERAL D	IRECTOR/)	A, AC	DRESS	
FEB 2.4	1972	P.R. A	A.S.	6	7.	Canada	rul	N. (nou	co	anth Bee	+ MA
	WIL	~~からいのであ	4 YOU	權	MA	or rail (	, Lui	eral Home	140	orth Eas	o, Mu.

VS 151-REV. 1/1/68

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VS 151-REV. 1/1/68

1	D .	ma 04	റാര്	BALTIMORE CITY H	EALTH DEPARTME	NT		×	ממי	04.00%
	K-163	72 MEL	SICAL	EXAMINER'S			DEAT	H REG. NO		01989
	NAME OF DECEASED	D.				nown 🔲	Month	Doy	Yeo	r Hour
	W.		ROBER'		OF DEATH Es	limoted 🔲				
	LACE IN BALTIMORE,				3. DATE		Month	Doy	Ye	or Hour
HO:	L NAME OF (IF	NOT IN HOSPIT,	AL OR INST	TIUTION, GIVE STREET	PRONOUNCE	D DEAD F	'ebrua:	ry 18,	1972	11:15P.
OR	Mail Billo	MICA		AMEND	S. USUAL RESIDE		deceased liv	ed. If instituti	ion: resider	nce before odmission)
1-7	ST. AGNES	S HOSPITA	AL	3-9-72	A. STATE Mar	yland		B. COUNTY		ward
6, 5	EX 7. RACI		8. MARRI	ED NEVER MARRIED	C. CITY OR TOW	N		D. INSIDE		
		hite	WIDOW	ED DIVORCED	Jessup				YES 🗌	NO 🖾
- 4	ATE OF BIRTH	IO. AGE (In	n years	If Under 1 Yr. II Under 24 Hr. Months   Days   Hours   Mir	E. STREET AND	NUMBER			123 (1)	NO L
	28-1952	10. AGE (last birthdo	"XX	Monais Days ( noors ) Mil	Box XXX	239 D				
11.	SIRTHPLACE (Stote or fo	reign country)	1	12. CITIZEN OF	13. FATHER'S NA					
	Maryland			WHAT COUNTRY?	Isaac	D. Ro	berts			
I4A.	USUAL OCCUPATION ( during most of working life	Give kind of work	148. KIND	OF BUSINESS OR INDUST	RY 15. MOTHER'S MA	AIDEN NAM	E			
	Helper	, oven a remed,	South	ern Door Co.	Lula M	ae Vau	ghn			
16. Yes.	NAS DECEASED EVER	IN U.S. ARMED	FORCES	? I7. SOCIAL SECURITY NO.	18. INFORMANT				ADDRESS	20794
No		ve wat of dutes	or service)	212-58-8118	Mr. Char	les Rob	erts.	Box 23	39 D	Jessop, Md
	9.0261			CAUSE OF DE			,	2011 -		APPROXIMATE INTERVAL
П	DISEASE OR CO	NDITION DIREC	CTLY	Menin	gococcemia	(Water)	101156-	Fri der	iched	ETWEEN ONSET AND DEA
П	LEADING	TO DEATH		(A)IMMEDIATE	ome	(	10400	riidei.	101130	11
П	(This does not mean heart failure, asthenio.	the mode of dy	Ing, e.g.,		AS A CONSEQUENCE	E OF:				
	heart failure, asthenio, injury or complication	which caused dec	oth.)							
Н	ANTECEDE	NT CAUSES		(8)						
	DISEASES OR COND	TIONS, IF ANY	, GIVING	DUE TO, OF	AS A CONSEQUENC	E OF:				
z	UNDERLYING CON	DITION LAST.	ING INE	(c)						
흔		11		(0)						
8	OTHER SIGNIFICANT OF	CONDITIONS CO	ONTRIBUTI	NG						
Ë	DISEASE OR CONDITIO	ON GIVEN IN PA	RT 1 (A)-	-	***************************************					
CERTIFICATION	OA. DATE OF OPERAT	ON 208. CON	IDITION F	OR WHICH OPERATION V	AS PERFORMED				21. AU	TOPSY? (Yes or No)
4	1								V	es
의	2A. EXTERNAL CAU  JNDERLYING OR CO  UTING CAUSE OF D	NTRIB-	2: h	28. PLACE OF INJURY (e.g. ome, farm, factory, street, offi	, in or about 22C. Wi ce bldg., etc.) INJURY	HERE DID (II OCCUR?	in Baltimore	City, give e	xact location	n)
2   2	2D. TIME (Month) OF INJURY	(Doy) (Year	) (Hour)	22E. INJURY OCCURRED	22F. HC	DUNI DID WO	IRY OCCU	R?		
	APPROX.)				T WHILE WORK					
2	3.				TORK					
	I certify that I			Inspection A	topsy X ond	that on this	s basis, d	leath in my	opinian	
	resulted from:	Natural caus	ses 🔯	Accident Suici	de 🔲 Homicid	e 🔲 U	ndetermin	ed manner		
	ACTUAL /	1.1	71	1/1/	CHIEF	MEDICAL EX	AMINER [			
	SIGNATURE	neg	11	Ker U	ASSISTANT	MEDICAL EX	AMINER [	x		DATE SIGNED
	EXAMINER'S	Ronald N	. Kor	nblum, M.D.		MEDICAL EXA	AMINER [		2/	19/72
24A.	NAME (Type) BURIAL CREMATION,	248. DATE		24C. NAME of CEMETERY	or CREMATORY	1010 10	CATION			
REM	OVAL (Specify)		0.70				CATION		n, or coun	
	urial	2-22-19		Crestlawn Cer				ounty,	Maryl	and
ZJA.	DATE REC'D BY HEALT	H DEPI.	258. NA	ME OF REGISTRAR	25C. FUNER	AL DIRECTOR			ADDRESS	

ADDRESS

Howard H. Hubbard, 4107 Wilkens Ave. 21229

3-1-1972 - Completion of cause of death on a pending medical examiner death certificate
Ronald N. Kornblum, M.D.

HRS

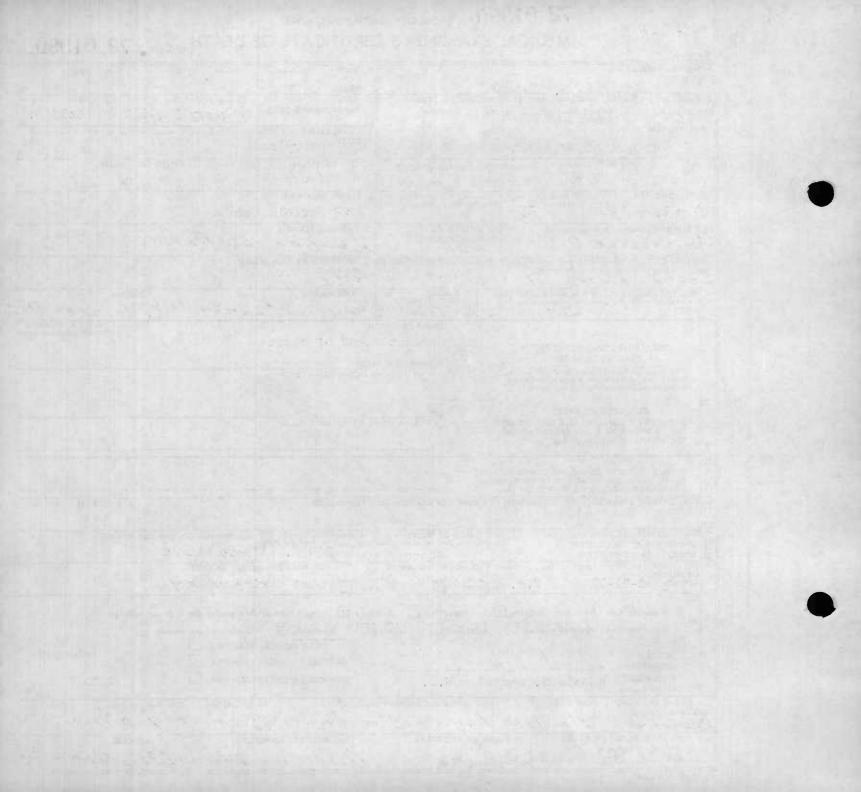
3-9-1972 - Correction form from Funeral Director - HRS

THE RESERVE OF THE PARTY OF THE

## P-626 72 01990 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	<b>EXAMINER'S</b>	<b>CERTIFICATE OF</b>	DEATH	12
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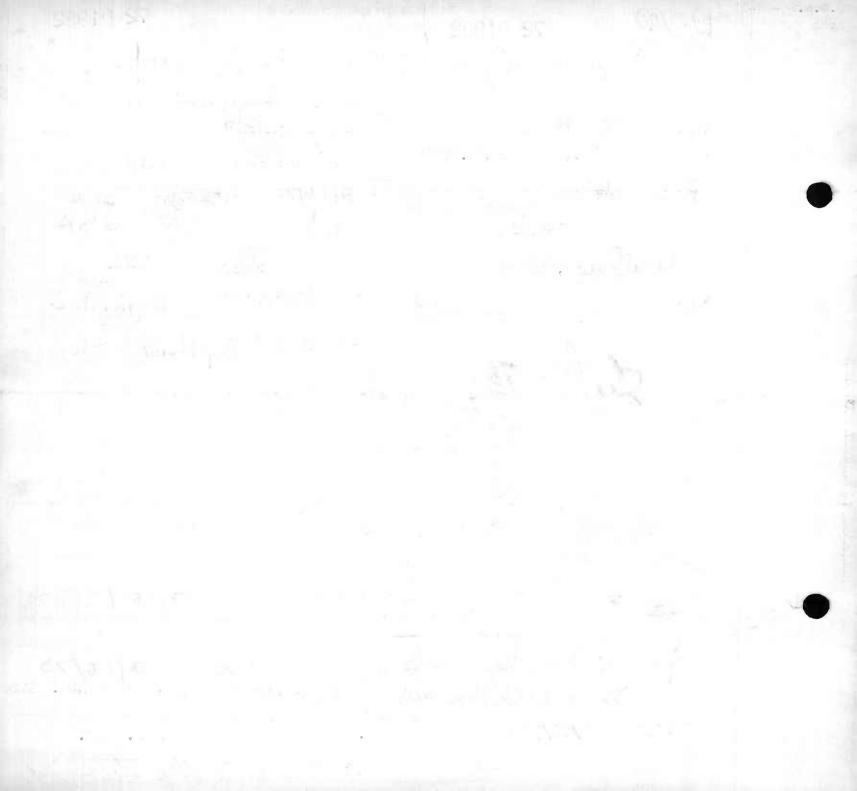
DIDTUALO		MED	ICAL	EX	AMINER'S	S CE	RTIF	CAT	E OF	DEAT	TH REC	. NO	72	0199	30_
I. NAME OF DEC	EASED						DATE	Knaw		Manth	Do		Year	Hour	
(Type or Print)	JII.I.TAM	E.	PARKE	TD.			OF DEATH		nated 🔲					1.00	
4. PLACE IN BAL			VHERE PR	ONO	UNCED DEAD	3	. DATE			Month	Do		Yeor	Hour	M.
HOSPITAL OR INSTITUTION	(IF NO ADDRE	T IN HOSPITA	AL OR INST	TITUTIO	N, GIVE STREET	5		RESIDENCE		Februa				2:35	M.
3 BON S	SECOURS	HOSPI	TAL				. STATE		yland		B. COL		2	04	agith .
6. SEX	7. RACE		B. MARR	IED 🗌	NEVER MARRIED		. CITY O	NWOT			D. INS	IDE CITY	LIMITS?		
Male	Neg		WIDOW	/ED	DIVORCED		Ba1t	imore	2			YES	S	по 🗆	
9. DATE OF BIRTI		10.AGE (In	years	If Und	ler 1 Yr. If Under 24	Hrs. E	. STREET								
3-31-1										venue					
BIRTHPLACE (S			TEST		TIZEN OF	1.	3. FATHER	'S NAMI	E		200	. m. 15	7		
YMTESU			1 4P VIND	a	SA.	CYPY	LA	- ~ ~	~/	25 F	- /1 /1	371 0.			
dane during most of w	orking life, ev	en if retired)	- 1				Am a		DEN NA	ME					
16. WAS DECEASE					7. SOCIAL		8. INFOR					ADDI			
(Yes, na or unknawn)	(If yes, give w	or or dotes	of service)	21	SECURITY NO.				-Pa	21501	2 4	ADDI 507		erac	K Ar
119. 496	5 X				CAUSE OF	DEATH								PROXIMATE I	
DISEAS	E OR COND	ITION DIREC	CTLY		Gunsho	t wo	ound c	of che	est				05111	TELIN ONSET	NIO DENIII
	LEADING TO				(A) IMMEDIA	ATE CAL	JSE								
heart failure,	ot mean the asthenia, etc. plication which	It meons the	diseose,		DUE TO,	OR AS	A CONSEC	UENCE C	F:						
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN	NTECEDENT OF CONDITION OF CONDI	ONS, IF ANY USE (A) STATE ON LAST.  II IDITIONS CO	ONTRIBUT	ING	(B) DUE TO,	OR AS	A CONSE	QUENCE	OF:						
DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).		***************************************										
DATE OF	OPERATION	20B. CON	NOITION	FOR W	HICH OPERATION	WAS	PERFORM	MED				21		PSY? (Yes	or No)
4/4	VAL CAUSE	WAS	1	22 DI	ACE OF INITION		1 1	200 14/115	05.010	***			-	es	
UNDERLYING UTING CAN	OR CONT	RIB-		home, t	ACE OF INJURY( orm, foctory, street, Store	office bl	ldg., etc.)	NURY C	CCUR?	more S	tree	t exact la	ocation)	70	1
OF INJURY		ay) (Yeor			LE AT THE	ED NOT WE				JURY OCC	_				
(APPROX.) 2	-22-72		P.M.	m. WO		AT WOR		Shot	duri	ng rob	bery				
	fy that I he	ald on li	nquiry [	] 1	Inspection	Autop	sy 🗵	and t	hat on t	his basis,	death I	n my opl	nlon		
result	ed from: N	atural cau:	ses 🗌	Acc	ident Su	icide				Undetermi					
ACTUAL	1	11	171	11	11			CHIEF M	EDICAL	EXAMINER				DATE SIG	NED
SIGNATU	. 1.0	and N	Vor	2h 1.	ım M D	M.D.				EXAMINER EXAMINER			2/1	00/70	
NAME (T	ype)		KOLI		ım, M.D.								2/2	23/72	
REMOVAL (Specification)		AB. DATE	172	24C.	NAME of CEMET			DRY DRY	24D.	BOLTA	(City	y, town, or	county)	(Sic	nte)
25A. DATE REC'D	BY HEALTH C	EPT.	258. NA	AME O	F REGISTRAR		25C.	FUNERAL	DIRECT	OR		ADDR	ESS		
FEB24	1972	Palle !	C 30	Bay	KA				_	plan	Juh			/my	14
VS 151-REV. 1/1/68		N	87	5	/	13	M		1/2						V



This certificate must be appoved by the chief medical examiner or his assistant if death or greet in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. oved by the chief medical examiner or his assistant if death o IMPORTANT FUNERAL DIRECTOR:

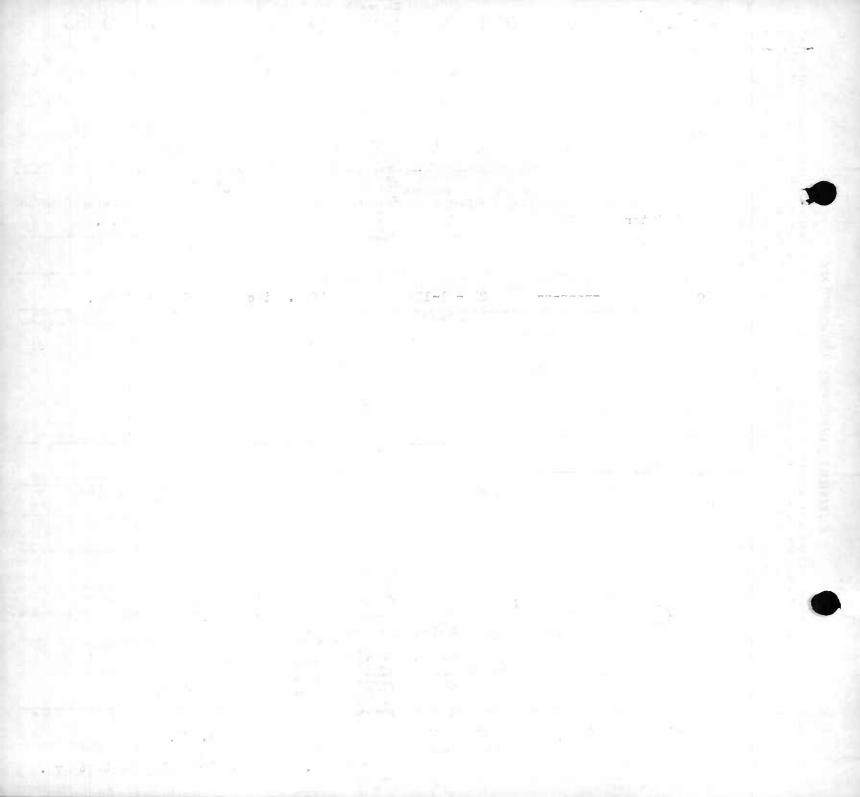
7	BALTIMO	DRE CITY HEALTH DEPARTMENT	72 U1991
DIKIN 140.	01991 CERTI	FICATE OF DEATH REG. NO	32302
1. NAME OF DECEASED (Type or Print) DOLOTHY SC	DOROTHY SCHMIN	2/23/22	12:37 7 "
3. PLACE IN BALTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCK	TAL OR INSTITUTION, GIVE STRI ATION)	MARYLAND C. CITY OF TOWN ID. IN	SIDE CITY LIMITS?
THE JOHNS HOPE	KINS HOSPITAL	BALT IMORE  E. STREET AND NUMBER	YES NO .
and the second		514 S. WASHINGTON S	•
FEMALE WHITE	7- MARRIED NEVER MARRI	ED May 17, 1908 lost birthdoy 63	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of world	108 KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife  Housewife	Own Home	Studenville, Ohio	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown! (If yes, give war or dote	s of service) 1 6. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
			14 S. Washington St
18, // /2, 31	CAUSE OF	F DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DI	RECTLY	1 . O . 1 h	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CANIMMEDI	IATE CAUSE ( Culis Co matar Hug	7
(This does not mean the mode of heart failure, asthenia, etc. It means	dving. e.g.	O, OR AS A CONSEQUENCE OF:	
injury or complication which caused	death.)		
ANTECEDENT CAUSES		1 C (H )	
DISEASES OR CONDITIONS, if	any, giving DUE TO	OR AS A CONSEQUENCE OF:	***************************************
rise to the above cause (A) UNDERLYING CONDITION last	slating the	alasta Janulluna	
ONDEREING CONDITION IGEL	(c)	many programs	***************************************
O OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR			
DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).		
19A-DATE OF OPERATION 19B- CON WAS PERF	FORMED	N 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doyl (Year) OF INJURY	218. PLACE OF INJUR home, form, foctory, s	RY (e.g., in or obout 21 C. WHERE DID (If In Boltime intest, office bldg., INJURY OCCUR?	re City, give exact location)
Q 21 D-TIME (Month) (Doyl (Year)	(Hour 21E INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
E OF INJURY	While At N	Not While	
22. I certify that (I) (this haspital	) attended the deceased from	m19to	19
that (I) (we) last saw the decease	d alive on		
and hour and from the causes stat			
23A. SIGNATURE	1/1 4/1	A second	23B, DAJE SIGNED
1 Daysold 1	Vall. No	Attending Med. Stoff Phys.	12/2-12
23 G. PHYSICIAN'S	Columba DEGR	REE Phys. Director Phys.	1923/16
NAME (Type)	MI MI	D 17/1 7/6. 1/	~
4A. BURIAL CREMATION, 1248, DATE	ZAC. NAME OF CEMETERY	OEGREE JAWS Hapluns Ha	VP
REMOVAL (Specify)			ily, town, or county) (State)
Burial 2-26-19		Baltimore Coun	ty, Maryland
	25B. NAME OF REGISTRAR	Lilly & Zeiler Inc. 19	ADDRESS 01-07 Eastern Ave.
		11 1	





the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. urred in a hospital and This certificate must be approved by the chief medical examiner or his assistant if death

			BALTIMORE CITY						
+-525	72	0199	3 CERTIFICA	TE O	DEATH	REG. NO	72 0	11993	
NAME OF DECEA									
Type or Print)	FINCHAM	, L	ESTER.			ND HOUR OF DEATH		926	A M
. PLACE IN BALTIA	AORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUA A. STATE	RESIDENCE (Who	24/72 me deceased lived, II i	nstitution: resid	lence before odr	mission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INST	TTUTION, GIVE STREET	MI	PRYLAND.	D 2016	SIDE CITY LIMIT	130	6
NSTITUTION					TIMORE	D. 1143	YES V	NO 🗌	
UNION	MEMOR	1AL	HOSPITAL.	1	AND NUMBER	STNUT A	16		
- SEX  6-	RACE	17		35 A				Ys. If Under	24 12
M	W	WIDOWE	D NEVER MARRIED DIVORCED D		31-09	9. AGE (In years last birthday)	Months Do	Yr. If Under ays Haurs	Min.
DA. USUAL OCCUP	ATION (Give kind of worlding life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTH				OF WHAT CO	DUNTRY?
ELLIV	er		?		U.S.A	VIRGINIA.	U.	.S.	
3. FATHER'S NAME				14. MOTI	ER'S MAIDEN NA				
ERNES	T FINCH	AM			ELLA	CORBIN.			
Was Deceased Ev	rer in U. S. Armed For	cos?	1 6 SOCIAL	17. INFOR	MANT		A	DDRESS	
no		=	219-01-1259	Don	ald L. Fi	ncham 3440 l	Roland A	Ave.	
18.4/0.	9		CAUSE OF DEAT	н				APPROXIMATE INT	
DISEASE	OR CONDITION DI	RECTLY		0.	1== A414	OCARDIAL		•	Inl
	ADING TO DEATH mode of	dving.	(A) IMMEDIATE CA	DJE		DEFFEDIAL	(10 1714)	RETTURY	1214
heart failure, as	thenia, etc. It means	the diseas	DUE 10, OR AS	A CONSEQ	UENCE OF:				
	lcation which caused ITECEDENT CAUSES			ASC	VD.				
			DUE TO, OR AS						
rise to the	above cause (A)		ne DUL 10, OR AL	A COMPL	ROENCE OIL				
UNDERLYING	CONDITION lost.		(c)						
OTHER SIGNIFICATION THE DEATH	II ANT CONDITIONS CO BUT NOT RELATED TO T	NTRIBUTING HE TERMINA	G L						
DISEASE OR CON	NDITION GIVEN IN PAR	T T (A).		120A.	UTOPSY? (Yes or N	a) 20B. IF YES. WERE	FINDINGS CO	ONSIDERED	
OTHER SIGNIFICATION TO THE DEATH IDISEASE OR CON 19 A- DATE OF O 21 A- ACCIDENT	WAS PER	PORMED	R WHICH OPERATION		NO	a) 20% IF YES, WERE IN CERTIFYING CA	AUSES OF DE	ATH?	
OR CONTRIBUTE	WAS UNDERLYING DATE OF edical examined	] 2 h	TB. PLACE OF INJURY (e.g., ome, form, foctory, street, o	in or about flice bldge	NURY OCCUR	(if in Baltimo	ore City, give e	exact location)	
	Month) (Doy) (Year)	(Houd) 2	1E INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?			
(APPROX)		13	While At D Not Whi	· 🗆					
22. I certify th	at (1) (this hospital		the deceased from 2			19 72 to	2/2	24 19	72
	st saw the decease					hat in (my) (our) op	7		
			(We) did (did not)						
23A. SIGNATURE		0			day dilot deuths		23B. DATE S	SIGNED	
an	ne L.	Leo	Ldy M.D. Ath		Med. Director	Staff Phys.		24/72	
23C-PHYSICIAN NAME (Type	S e)	-	DEGREE	33 I	6	Calvert.	St.		
AA. BURIAL CREMA	ecify)		NAME OF CEMETERY OF CR	EMATORY	24 De 1	LOCATION (C	City, town, or c	county) (	(State)
Burial	2/28/7	2	Holly Hill			Balto. Co.			
FEB 24	172 Cabell	25BANAM	E OF THOUSTRAN		UNERAL DIRECTO			ADDRESS	Α.
S 150-REV. 1/1/68		1	( )	12.00		phoon jiu ji	271 01100	DAIMO WA	<u> </u>



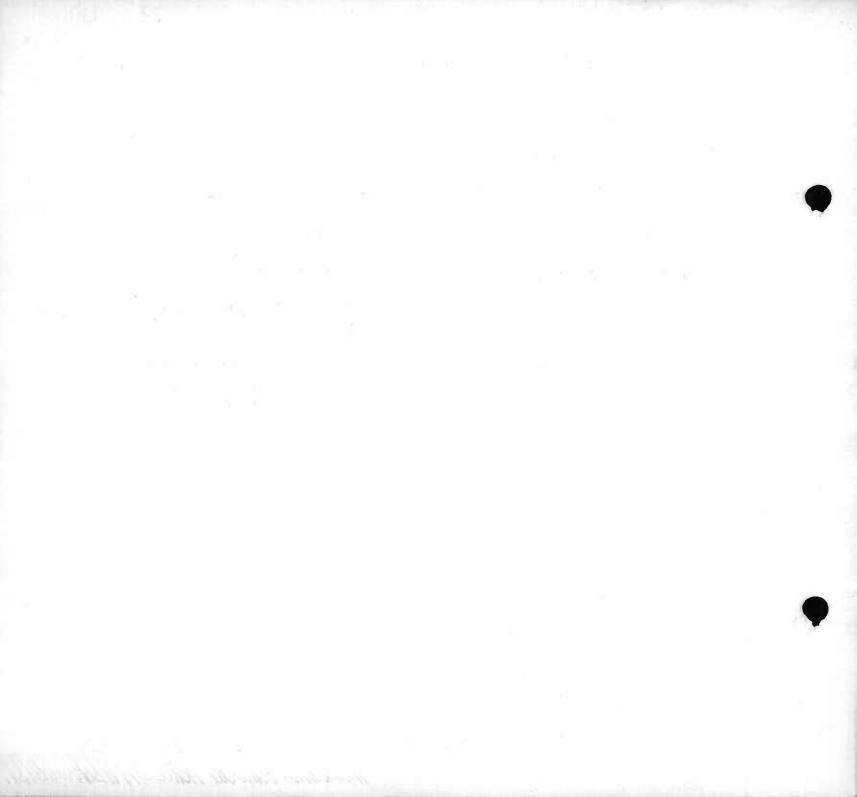
O BA	LTIMORE CITY	HEALTH DEPARTMENT		
BININ NO.	ERTIFICA	TE OF DEATH		72 01994
TANET BEDFO	ORD	2. DATE	2/24/72	705 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCEO OF	EAO	A. STATE 8. CO Maryland C. CITY OR TOWN	UNTY	stitution: residence before admission)
INSTITUTION		Baltimore		YES MO
The Johns Hopkins Hospita	al	1408 6	. Biddle	DT .
	R MARRIED   DIVORCED	8/15/23	9. AGE (In years lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINO OF BUSINES done during most of working life, even if refired)  M. R. I. D. Mercey He		11. BIRTHPLACE (State of	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
15. Wee Decreased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  SECU	AL JRITY NO.	Hatherine B	edford 1617	Harford al
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	CONG.	estive heart A CONSEQUENCE OF: A CONSEQUENCE OF: Cleratic caldu	tailure	onemonth
	Diabete	s mellitus Vasculour a ci	cdent	GYEARS. ONCHOUR
198. CONDITION FOR WHICH O	PERATION	20A AUTOPSY IVes of	No) 20B, IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTR	FINJURY (e.g., in factory, street, off	or about 21 C. WHERE OLD INJURY OCCUR	(II In Boltimore	e City, give exect location)
21D-YIME (Month) (Doy) (Year) (Hour) 21E INJURY While At Work	Not While		INJURY OCCUR	
22. I certify that N (this hospital) attended the deceathat N (we) last saw the deceased alive on	2/24	2/2/17/ 19 72 and		2/24 19 $72$
and hour and fram the causes stated above. (N) (We) (d	lid) ( <del>did not)</del> vi			23R DATE SIGNED
23G. PHYSIGIAN'S	O C O R C C	Med. Director C	Shaff Phys.	2/24/72
	.D. DEGREE	The Johns H	Mopkins Hosp	oital
24A. BURIAL CREMATION, 24E. DATE 24C. NAME of C REMOVAL (Specify) 2/25/72 mt.	alra		1. Q. Cours	ty, town, or county (State)
FEB 24 1972 PEB 24 1972	RAR	25C. FUNERAL DIRECT	Locket 1	304 h Cachal ag
N/C 3/CO OCK 3 /2 // O	7	7	-	

Mathewall England Hall Harfall College 2/10/70 - Adm. 804 Hollins St.

we will be due like , was a common

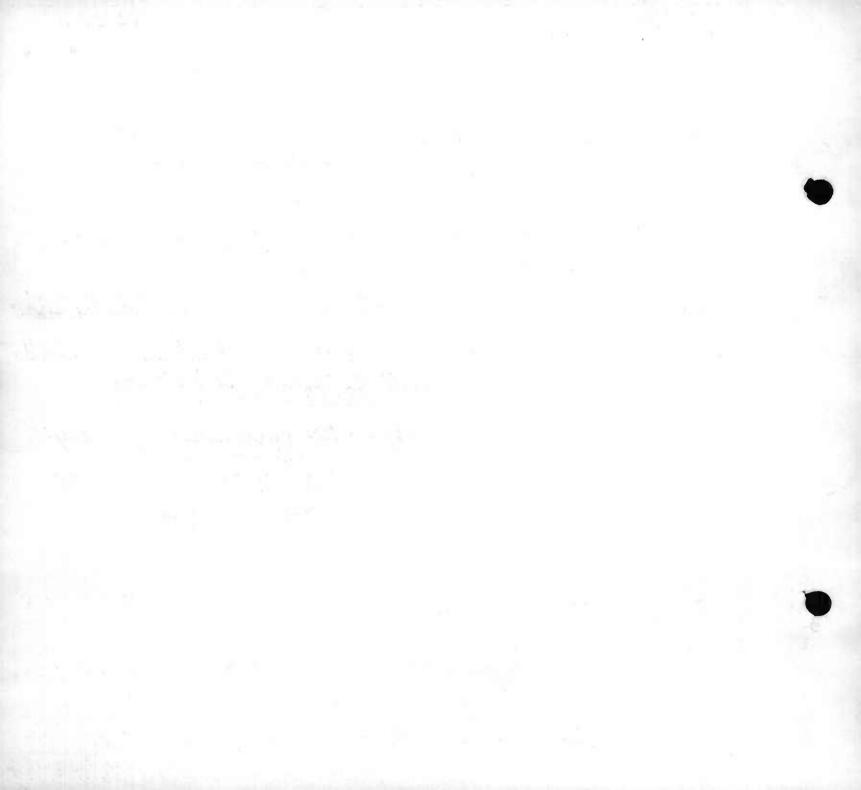
Service Brown and Control of the Con

7-2	00	BALTIMORE CITY HEALTH DEPARTMENT 72 01996
	7005	BIRTH NO. CERTIFICATE OF DEATH
	_ 0 0 _ N	1. NAME OF DECEASED ROUSE, VIVIAN.  2. DATE AND HOUR OF DEATH  2-22-72 4.25 PM.  M.
	+ + 0 +	3. PLACE IN RALTIMORE MARYLAND WHERE PROMOTINGED DEAD
	car car to to	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION  FULL NAME OF ADDRESS OR LOCATION)  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  INSTITUTION  D. INSIDE CITY LIMITS?
		9 Baltimore YES NO
	T C U D.	2323 Arunah Avenue Balfo 2121
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min.
	contribution of the contribution regulation of the contribution of	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	deat t or Unde as ir e de ositio	DIETICIAN  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
Ļ	direct or control direction	Thomas Butler Mac Tate
IMPORTANT	he he dear	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no runknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT // MANDES POUSE 2323 / MUNICIPAL AVE
OR	dical examiner or his assidical examiner. Also, if turns; (3) A fracture of any lysician who pronounced was in regular attendant mains are embalmed or fi	18. CAUSE OF DEATH APPROXIMATE INTERVAL
\\		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE  (A)IMMEDIATE CAUSE  (A)IMMEDIATE CAUSE
OR:		(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:  Defry Fration
5		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRE		rise to the above cause (A) stating the UNDERLYING CONDITION lost (C).
FUNERAL D		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (A).
N	sich ody	IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  1994 DATE OF OPERATION 1984 CONDITION FOR WHICH OPERATION WAS PERFORMED  2004 AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  2104 ACCIDENT WAS UNDERLYING 1 218 PLACE OF INTERVIOR IN CONDITION OF THE PROPERTY OF THE PR
F	y the ch ital by e; (2) Bo there th No phys before t	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR?
	roved by the hospital Ny nature; (Xxept whe and (6) No btained be	21D.TIME (Monih) (Doy) (Yeor) (Hour)  OF INJURY (APPROX.)  (Monih) (Doy) (Yeor) (Hour)  21E. INJURY OCCURRED  While At  Not While  At Work
	F + E 0 0	22. I certify that (1) (this hospital) attended the deceased fram 2-21-1972 to 2-22-1972
	of a population of a populatio	that (1) (we) last saw the deceased alive on 2-22-12 19 and that in (my) (aur) apinion death occurred on the date
	VT. + + -	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	- V C -	Attending Med. Shaff 2 2-22-72
		PASOUL MATIO MEMON MD 730 Ashbuton St. Balto Mo 21216.
	certificat body was vs. (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	This certifulation of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 2 25C, FUNERAL DIRECTOR ADDRESS ADDRESS 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 2
		VS 150-REV. 1/1/68

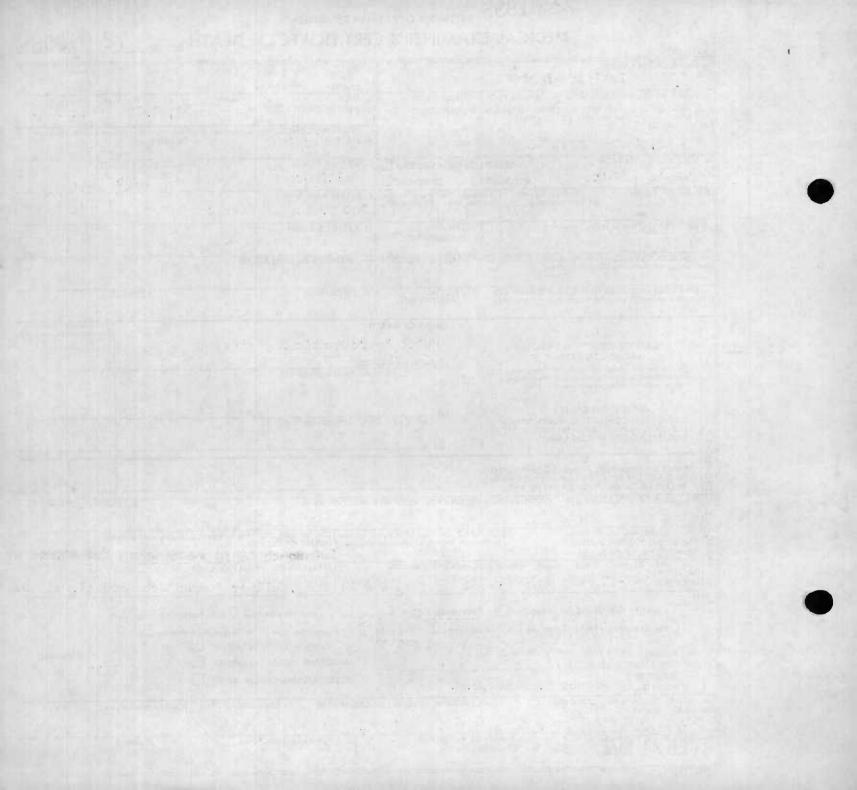


FUNERAL DIRECTOR: IMPORTANT

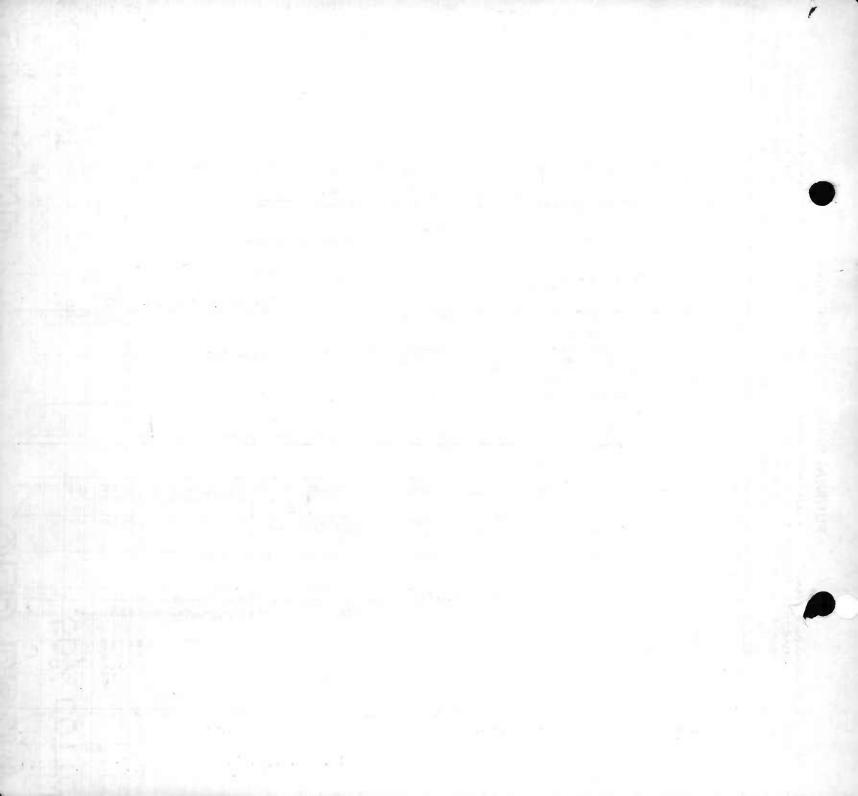
11	M ind	BALTIMORE CITY	HEALTH DEPARTMENT		70 0400m
B	72 01997	CERTIFICA	TE OF DEATH	REG. NO	<b>72</b> 01997
	NAME OF DECEASED  ype or Print) A A A A A	1	2. DATE A	ND HOUR OF DEATH	
	MIARKIEY KOBER	<i>G.</i>	2-25	-72 1250	Am   Ma
3	PLACE IN BALTIMORE, MARTLAND, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. Il in:	stitution: residence before admission)
1 8	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITE ADDRESS OR LOCATION)	JTION, GIVE STREET		A TOTAL	2005
li,	ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1	BOD SECOURS H	-Enilal	Balto.	md.	YES NO
ľ	12010 Sec. 2112 14	22 h' thr	E. STREET AND NUMBER		
-			2119 Welfel	or Street	<del>-</del>
٥,	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdov)	Il Under 1 Yr. Il Under 24 Hrs. Months! Doys Hours! Min.
	MAIE WIDOWED[		12/12/36	35	Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF ne during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Lelson Bako	411	The .	1 26 76	7/01
13.	FATHER'S NAME	- Company	14. MOTHER'S MAIDEN NA	ME	1 4.5.4.
	8 2 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0	Δ .		
15.	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	COUMES +	No	
(Ye	s, no or unknown) (Il yes, give wor or dotes at service)	SECURITY NO.	INFORMANT	. ~ 1 -	2119 Wilkelm st.
L	YES	233-52-3091	mrs. mary d.	mar bles	Boot M. 1 2122
1	18./50 X I	CAUSE OF DEATH		- Comment	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			1 1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAU	E Carrinou	un desolar	aus - menths
	hearl foilure, ostherio, etc. It means the disease	DUE TO, OR AS	CONSEQUENCE OF:	12/	1 1 1
	injury of complication which coused deoth.)	win	mercessan.	1 Lo pre-7	Tocheal
	ANTECEDENT CAUSES	(B) less	ympodes as	ud epicare	hur
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c) ASK	nation our	umoma	days
	П		. /01.12	A STATE OF THE PARTY OF THE PAR	
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1921 -	1. Deform	way	- /
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	VINCO.	salarplany	pougase	days
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A- AUTOPSY? (Yes or No	20B IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
ERI			Yes	Ves	
4	ION CONTRIBUTING I CAUSE OF Ikome	LACE OF INJURY (e.g., in form, foctory, street, offi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Pallimore	City, give exact location)
CA	DEATH (notify medical examine) etc.)				
MEDI	21 D- TIME (Month) (Doy) (Year) (Hour) 21 E. 1	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2		Not While			
	22. I certify that (1) (this haspital) attended the		2-20-	- 73	77
	that (1) (we) last sow the descend all.	DEKO A AA O	25.0 77	19 /C to 2	- 23 1972
	that (1) (we) lost sow the deceosed olive on	2.37	42 19 1 6 ond th	ot in(my) (our) opini	on deoth occurred on the date
	ond hour ond from the couses stoted obove. (1)	(We) (did) (did not) vi	ow the body ofter death.		
	12 . //.	16 110 110	dine (T)		23B, DATE SIGNED
	Tallino / all	DEGREE Phys.	ding Med. Director	Staff X	2-25-72
	23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS		. /
	KAMIRO LIN	DADO	BON J	ECOURS	Hospital
24A	REMOVAL (Specify) 24B. DATE 24C. NAM	ME OF CEMETERY OF CREA	AATORY 24D. L		(State)
	Burial 2/28/92 Pres	+ Land	4	1	9,
25A	DATE RECED BY HEALTH DEPT. A 25% NAME OF	REGISTRAR	25C FUNERAL DIRECTOR	ward Co.	Md.
	FEBSA 1912 Valor Co	Barre 1	1.01	1/00 11	2101 Frederike
VS	150-REV. 1/1/6R		X XILO. O.	ACKUTLI	re Ball Mil!



12 U1998 BALTIMORE CITY H	EALTH DEPARTMENT
BIRTH NC.	CERTIFICATE OF DEATH REG. NO. 72 01998
1. NAME OF DECEASED (Type or Print)  DETERMINE OF DECEASED	2. DATE Known Manth Day Year Hour
DEVERLY DANFORD	OF DEATH Estimated .
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION	PRONOUNCED DEAD February 1, 1972 7:45 A.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
ST. AGNES HOSPITAL	A. STATE Maryland B. COUNTY
Fame 1 . Libit .	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years   # Under 1 Yr. 11 Under 24 Hrs	Baltimore VES NO
losi birthdoy) 37 Months; Doys; Hours; Min.	200 S. Louden Street
11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY? US A	13. FATHER'S NAME
144. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OF INDUSTRI	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Mr. Aguilla 2005. Louden St.
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Multipl	e Traumatic Injuries
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc., it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
mary or complication which coosed degrat,	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
₹ 22A. EXTERNAL CAUSE WAS   22B, PLACE OF INJURY(e.g.	no
UNDERLYING OR CONTRIB. home, form, factory, street, affice	in ar obout 22C. WHERE DID (if in Baltimore City, give exact location) bidg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	Foo Bouth Louden Street
(APPROX.) 2-1-72 4:30 A. WHILE AT NOT	22F. HOW DID INJURY OCCUR?  WHILE Subj.fell or jumped from 3rd fl. window
23. AT V	ORK S   Subj.fell or jumped from 3rd fl. window
I certify that y held on Inquiry Inspection X Au	topsy and that on this basis, death in my apinion
resulted from Natural causes Accident Suicide	
1111/8/11 - 12 2/-	eputy CHIEF MEDICAL EXAMINER X
ACTUAL SIGNATURE M.D	ASSISTANT MEDICAL EXAMINED DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz, A.D.	ASSOCIATE MEDICAL EXAMINER   2/1/72
24A, BURIAL CREMATION 1248 DATE 1245 MANS A CEMPTERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2/23/72 St. Toe Vall	a 1 C 11 D T
25A. DATE REC'D BY HEALTH DEPT. 2 425B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB24 19/2 Valent of Marine Marine	25C. FUNERAL DIRECTOR ADDRESS
VS 151-REV, 1/1/68	Des. a. Kohwol She!



(3-1/A) MO 01001	BALTIMORE CITY	HEALTH DEPARTMENT		72 01999
15-400 72 01999	CERTIFICA	TE OF DEATH	REG. NO	12 01000
I. NAME OF DECEASED		DATE AND	HOUR OF DEATH	
(Typo or Pant) BULL, CATTLE	RINE E.	2-	23.7	2 13.35 Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, 11 in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATIONI	STITUTION, GIVE STREET	MARYLAND.		905
NSTITUTION		BALTIMORG	D. INSI	YES NO
THE UNION MEMORIAL	HOSPITAL.	E. STREET AND NUMBER 924 MONT	PELIER	21218.
SEX 6. RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years st birthdoy)	Months Doys Hours Min.
OA, USUAL O CCUPATION (Give kind of workflob KIND		6-23-71.	74	
lone during most of working life, even if refred)	OL BOSINESS OF IMPOSIKE	11. BIRTHPLACE IState or foreign	Country	12. CITIZEN OF WHAT COUNTRY?
HEWF. On	N HOME	MARYLAND	-,	USA.
WILLIAM T. EI	ERMAN.	MALY T	PARR	I'CH.
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates af service		17. INFORMANT	. , ,,,,,,	ADDRESS
fes, no or unknown) (If yes, give war or dotes of service)		2 MRS. RUTH	NIEBE	RLEIN (SAME
18. 14. 10 4	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		18C1/D -	-MT	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	CAP.	
heart failure, asthenia, etc. It means the disectinity or complication which caused death.)	150,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	Rocuxx	out Branchola	elumone	
DISEASES OR CONDITIONS, If any, give	DUE TO, OR AS	A CONSEQUENCE OF:	aumora	
rise to the above cause (A) stating UNDERLYING CONDITION last.		son Difease.		
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
C DISEASE OR CONDITION GIVEN IN PART 1 (A).		160.4	000 10 400 14000	This was considered
19A-DATE OF OPERATION 19B CONDITION FO	OR WHICH OPERATION	20A-AUTOPSYT (Yes at No.)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n or about 21 C. WHERE DID fice bldg. INJURY OCCUR?	(il in Bolilmor	City, give exact location)
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
APPROX.)	While At Not While Work At Work	•		
22. I certify that (1) (this hospital) attende	d the deceased from	1-21-19	12 to 2	-23 - 19/2
that (i) (we) last sow the deceased office	2-23	19 72 ond that	in(my) (our) api	nion death occurred on the date
and hour and from the causes stated above	e. (i) (We) (did) (did not) v	lew the body after death.		•
23A. SIGNATURE			2. /	23B DATE SIGNED
Julio 4 your	DEGREE Phy	inding Med. S	hys.	2/24/72
23C. PHYSICIANS TO A DES		23D. ADDRESS THE UNION A	LEMORIAL	HOSPIOAL
V0/1	DEGREE		CATION (C	tye town, or county) (State)
REMOVAL (Specify)	Parkwood	Pa	rkville,	Md.
Burial 2-26-72	Parkwood ME GE REGISTRAR	25C. FUNERAL DIRECTOR	rkville, kins & Sqr rk Road E	Address Salto: Md. 21212



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the body was released to the nospital by a medical social property of any kind; (4) Undetermined cause; (5) Deceased shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such written approval must be obtained before the remains are embalmed or final disposition is made.	
+ N > U >	1

1 -	,		BALTIMORE CITY	HEALTH DEPARTMENT	72 02000	
+-236	72	02000	CERTIFICA	TE OF DEATH REG. NO	14 04000	
NAME OF DEC		Henry /		2. DATE AND HOUR OF DEATH		
rpe or Print)	JAME	15 70	ISTER	2/24/72	1 930 AM	
PLACE IN BAL	TIMORE MARYLAND,	WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II in A. STATE B. COUNTY	stitution; residence belare admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			TUTION, GIVE STREET	Maryland	808	
					DE CITY LIMITS?	
JOHNS HOPKINS HOEP		Baltimore E STREET AND NUMBER	YES NO			
3 3 COUNTY LOS			2 12	1814 E. Eager Street		
SEX	I6. RACE	IZ. ALADOIDO	NEVER MARRIED		II Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.	
Male	Negro	WIDOWED		8. DATE OF BIRTH 9. AGE (in years lost birthdoy) 65	Months Doys Hours Min.	
A. USUAL OCC	UPATION (Give kind of v	work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIKTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
lone during most of working life, even # settred)   Bethlehem Steel Laborer			ehem Steel	Emporia. Virginia	U.S.A.	
				14. MOTHER'S MAIDEN NAME		
James Foster				Beatrice Porter		
5. Wes Deceased Ever in U. S. Armed Forces?   116. SOCIAL			16. SOCIAL	17. INFORMANT ADDRESS		
	llf yes, give war or o	dates of service)	SECURITY NO.	Mars Annals E 1 101/ E	E C4 01010	
no			213-09-2141A CAUSE OF DEAT		APPROXIMATE INTERVAL	
101	3,8				BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION LEADING TO DEA			USE CARDIDOVLMONARY A	DOFF ID ALL	
IThin door	not mean the mode		(A) IMMEDIATE CA		19501 (034000	
heart failure.	asthenia, etc. It med	ans the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or car	mplication which caus	sed death.)	1.1		. 11	
	ANTECEDENT CAUS	SES	tos W	ADOXEMIA	1 1 41 5	
DISEASES	OR CONDITIONS,	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	7	
rise to th	e above cause (		METI	STATE COLONE CA DIEV	MAH IM /ID	
UNDERLYIN	G CONDITION fast.		(c)	130.		
Z OTUED CICATO	FIGANT CONDITIONS	CONTRIBUTING				
E TO THE DEA	FICANT CONDITIONS ( TH BUT NOT RELATED TO CONDITION GIVEN IN I	O THE TERMINAL	***************************************			
	FOPERATION 198 C		WHICH OPERATION	Yes 10 CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATHS	
			P SI ACE OF INITIAVI		EN City, give exect location)	
OR CONTRIB	NT WAS UNDERLYING UTINO CAUSE OF y medical examined	la 21 ho ef	me, form, factory, street, c	in or obout 21 C. WHERE DID (II In Boltimor office bldg., INJURY OCCUR?	- Cny, give exect location;	
21D. TIME	(Month) (Doy) (Ye	ear) (Hour 21	E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
ABUTHI 40 A		w	hile At Not Whi	ile 🗂		
(APPROX)			A 441 - 4			
(APPROX)		W	OUK FINE AL ANOUN	band	24 /2/2 2022	
22. I certify		Ital) attended	the deceased from	8 Feb 19 72 10	24 Feb 1973	
22. I certify that (i) (we	lost saw the dece	W   Ital) attended   cased alive an	the deceased from 24 Tech	9 Feeb 19 72 to 19 72 and that in (my) (dur) opt		
22. I certify that (i) (we and hour or	lost saw the dece	W   Ital) attended   cased alive an	the deceased from 24 Tech	8 Feb 19 72 10	nian death accurred on the da	
22. I certify that (i) (we	lost saw the dece	W   Ital) attended   cased alive an	the deceased from  24 Tool  (1) (We) (did) (did not)	19 72 to 19 72 to 19 72 to opt when body after death.		
22. I certify that (i) (we and hour or	lost saw the dece	W   Ital) attended   cased alive an	the deceased from  24 Tool  (1) (We) (did) (did not)	19 72 to	nian death accurred on the dat	
22. I certify that (I) (we and hour or 23A. SIGNAT	lost saw the dece	Watai) attended assed alive an stoted obove.	the deceased from  24 Total  (1) (We) (did) (did not)	19 72 to	238 DATE SIGNED	
22. I certify that (i) (we and hour or 23A. SIGNAT	lost saw the dece	Witai) attended assed alive an stoted obove.	the deceased from  24 Tol  (1) (We) (did) (did not)  Limit Degree Ph	19 72 to 19 72 and that In(my) (Out) opl view the bady after death.  Tending Med. Staff Vis. Phys.  123D. ADDRESS JOHNS Haplen	238 DATE SIGNED  2 12 4 5 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6	
22. I certify that (1) (We and hour or 23A. SIGNAT 23C. PHYSICI NAME (	lost saw the dece	wital) attended tased alive and stoted obove.  L. L	the deceased from  24 Total  (1) (We) (did) (did not)  Lum DEGREE Ph	19 72 to 19 72 to 19 72 and that in(my) (our) opi view the bady after death.  ending Med. Steff ys. Director Phys Hopkins  The Johns Hopkins Ho	238 DATE SIGNED 2 124	
22. I certify that (1) (we and hour or 23A. SIGNAT  23C. PHYSICI NAME (	lost saw the dece	Wital) attended based alive and stoted obove.  H. L. Kl.  L. Kl.  124C.	the deceased from  (i) (We) (did) (did-not)  (ii) (We) (did) (did-not)  (iii) (We) (did) (did-not)  (iii) (We) (did) (did-not)  (iii) (We) (did) (did-not)	19 72 to 19 72 and that in(my) (our) op!  view the bady after death.  ending Med. Stoff ys. Director Phys.  23D. ADDRESS JANS HOPLINS The Johns Hopkins Ho  REMATORY 24D. LOCATION (C.	238 DATE SIGNED 2 12 HOSP Spital ity, town, or county) (State)	
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